

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6281

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 934

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write BURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write BURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1917 E. 17th St.</b>		d. STREET ADDRESS (If rural, give location) <b>1917 E. 17th St. 3250</b>	

3. NAME OF DECEASED (Type or Print) **Mary Shannon**

a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
**Feb. 8, 1953**

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 26, 1891</b>	9. AGE (In years last birthday) Months Days Hours Mins. <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, Arkansas</b>	
13a. FATHER'S NAME <b>George Washington</b>			13b. MOTHER'S MAIDEN NAME <b>Nan Williams</b>	14. NAME OF HUSBAND OR WIFE <b>William Shannon</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Shannon</b>	ADDRESS <b>1917 E. 17th St.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension**

DUE TO (c) **Shock**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**none**

INTERVAL BETWEEN ONSET AND DEATH  
**331X**

19a. DATE OF OPERATION  
**none**

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 22, 1952 to 2-8, 1953** that I last saw the deceased alive on **2-7, 1953** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE **J. J. Haugh Sr.** (Declarer or title) MD

23b. ADDRESS **2201 E. 18th St**

23c. DATE SIGNED **2-11-53**

24. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **2/12/53**

24c. NAME OF CEMETERY OR CREMATORY **Lincoln Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **2-12-53**

REGISTRAR'S SIGNATURE **Heraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE **Watkins Bros.** ADDRESS **18th & Beaton**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Douglas F. Watkins*

Licensed Embalmer No. *4560*

P. O. Address *18th & Benton*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.