

B-No. **79818**KANSAS CITY, MISSOURI  
DEPARTMENT OF HEALTH  
Bureau Vital Statistics

## CERTIFIED COPY OF BIRTH RECORD

Registration District No. **149**Primary Registration District No. **1002**Registrar's No. **3733-41**

<b>1. PLACE OF BIRTH:</b>		<b>2. USUAL RESIDENCE OF MOTHER:</b>	
(a) County <b>Jackson</b>	(a) State <b>Missouri</b>	(b) County <b>Jackson</b>	
(b) City or town <b>Kansas City</b> (If outside city or town limits, write "RURAL" and name of town)	(c) City or town <b>Kansas City</b> (If outside city, or town limits write "rural" and name of township)		
(c) Name of hospital or institution: <b>St. Joseph Hosp.</b> (If not in hospital or institution, write street number or location)	(d) Street No. <b>4716 Fairmount</b> (If rural, give location)		
(d) Mother's stay before delivery: In hosp. or institution <b>--</b> In this community <b>--</b> (Specify whether years, months, or days)			

<b>3. Full name of child</b> <b>Shirley Jean Hoshaw</b>		<b>4. Date of birth</b> <b>July 15, 1941</b> (Month) (Day) (Year)	
<b>5. Sex:</b> <b>Female</b>	<b>6. Twin or triplet</b>	<b>7. Number months of pregnancy</b> <b>9</b>	<b>8. Is mother married?</b> <b>yes</b>

FATHER OF CHILD		MOTHER OF CHILD	
<b>9. Full name</b> <b>John Jacob Hoshaw</b>	<b>15. Full maiden name</b> <b>Eleanor Reinagel</b>		
<b>10. Color or race</b> <b>white</b>	<b>16. Color or race</b> <b>white</b>		
<b>11. Age at time of this birth</b> <b>21</b> yrs.	<b>17. Age at time of this birth</b> <b>21</b> yrs.		
<b>12. Birthplace</b> <b>K. C., Mo.</b> (City, town, or county) (State or foreign country)	<b>18. Birthplace</b> <b>St. Louis Missouri</b> (City, town, or county) (State or foreign country)		
<b>13. Usual Occupation</b> <b>cutler</b>	<b>19. Usual occupation</b>		
<b>14. Industry or business</b> <b>W. J. Volkershade Co.</b>	<b>20. Industry or business</b> <b>housewife</b>		
<b>21. Children born to this mother: (Not including this child.)</b>		<b>22. Mother's mailing address for registration notice:</b>	
(a) How many other children of this mother are now living? <b>0</b>			
(b) How many other children were born alive but are now dead? <b>0</b>			
(c) How many children were born dead? <b>0</b>			

**23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2:45 P.m. on the date above stated and that the information given was furnished by** **Mrs. Hoshaw**, related to this child as **mother**.

<b>24. Date received by local registrar</b> <b>7-22-1941</b>	<b>Attendant's own signature</b> <b>A. B. Sinclair</b>
<b>25. Registrar's own signature</b> <b>M. H. Crowe</b>	<b>M. D., D. O., midwife, or other</b> <b>M. H. Crowe</b> <b>Date signed</b> <b>7-18-1941</b>
<b>26. Date on which given name added</b> <b>--</b> <b>by</b> <b>--</b> <b>Registrar</b>	<b>Address</b> <b>1103 Grand Ave.</b>

State of Missouri, }  
City of Kansas City }

I hereby certify that the above is a true and correct copy of the certificate of birth of **Shirley Jean Hoshaw** filed in the office of Vital Statistics of Kansas City, Missouri; that the above certificate is filed in said office and is a part of the permanent records of the Bureau of Vital Statistics of Kansas City, Missouri.

Witness my hand as Director of Health, Kansas, is **9th** day of **October**, 19 **64**

\$1.00

Form HD-6000

*Hugh L. Dwyer, M.D.*

DIRECTOR OF HEALTH

*Bessie Smith*

Registrar.