

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1941 hour 1 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Jan 14, 1941;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
Due to Carcinomatosis arising in pancreas (P)  
Due to 4 10

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinomatosis of abdomen  
Of autopsy Same  
Carcinoma arising from pancreas

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. Wallace Greene (M. D. or other) MD  
Address Kansas City, Mo. Date signed 1-14-41

3. (a) PRINT FULL NAME

Ben E. Shatwell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Shatwell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mar 9 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Richmond (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name J. Roy Shatwell

13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Thelma Berlin

15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Herbert Shatwell

(b) Address Tapera Kansas

17. (a) Richmond Mo (Burial, cremation, or removal) (b) Date thereof Jan 15 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address Richmond Mo

19. (a) Jan 14, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

20163 111

5 1100

Duration

PHYSICIAN

Underline the cause to which death should be charged and checked

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**