

S. No. 300
M-10-47
Rev. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30710**

FILED OCT 7 1948

Registration District No. 247

Primary Registration District No. 3057

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
424 West Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray **89**

(c) City or town Richmond
(If outside city or town limits, write "RURAL") **1**

(d) Street No. 424 West Main St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HORACE MOREHEAD SHOTWELL

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd
year 1948 hour 1:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sep 16, 1948 to Sep 22 -1948, 19____;
that I last saw him alive on Sep 22-1948, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male **0**

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth M. Shotwell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 13, 1880
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia, **Duration**

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>9</u>	hr. _____ min. _____

Other conditions Carcinoma of prostate,
(Include pregnancy within 3 months of death)

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

10. Usual occupation Auditor

11. Industry or business State Auditor's Office

12. Name John Warder Shotwell

13. Birthplace Richmond, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia Devlin
(City, town, or county) (State or foreign country)

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

Major findings: Carcinoma of prostate, **PHYSICIAN**

Of operations _____

Of autopsy None. **51B**

Underline the cause to which death should be charged statistically.

16. (a) Informant Warder Shotwell

(b) Address 7222 Charlotte, Kansas City, Mo.

17. (a) Burial (b) Date thereof Sept. 24, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home

(b) Address 627 East Main St., Richmond, Mo.

19. (a) Sept 25-1948 maebel jackson
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) **0**

Address Richmond, Mo Date signed _____

81208

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-6-R

JAN 21 1960

SEP 29 1960

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, W. S. Thurman

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

Signed William S. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Missouri

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.