

Registration District No. 244 Primary Registration District No. 20355976B Registrar's No. 56

1. PLACE OF DEATH:
 (a) County: Ray
 (b) City or town: Rural Richmond
 (c) Name of hospital or institution: home
 (d) Length of stay: in hospital or institution
 In this community: all life

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MO (b) County: Ray
 (c) City or town: Richmond
 (d) Street No.: rural
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: Mabel Kirby Shotwell
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 11 year 1944 hour 11 minute 50 P.M.
 21. I hereby certify that I attended the deceased from July 5, 44 to May 11, 1944
 that I last saw her alive on May 10, 1944
 and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 (b) Name of husband or wife: George Shotwell
 (c) Age of husband or wife if alive _____ years

Immediate cause of death: Carcinoma of Cervix Uteri
 Duration _____

7. Birth date of deceased: Jan 20, 1873
 (Month) (Day) (Year)
 8. AGE: Years 68 Months 3 Days 11 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy: Carcinoma Cervix Uteri

9. Birthplace: Chill pepper Co, Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: _____

12. Name: Joseph Kirby
 13. Birthplace: Virginia
 (City, town, or county) (State or foreign country)

14. Maiden name: Martha Corbett Hunt
 15. Birthplace: Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs C. W. Maurer
 (b) Address: Richmond, Mo.

17. (a) Burial (b) Date thereof: 5-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Shotwell Care

18. (a) Signature of funeral director: A. W. Maurer
 (b) Address: Richmond, Mo.

19. (a) June 6, 44 (b) Mabel Shotwell
 (If received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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?
 _____ (Specify type of place) (e) Means of injury _____
 23. Signature: E. D. Green (M. D. number) 0
 Address: Richmond, Mo. Date signed: 2-25-44

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

17-279
Date Filed
District File Number
District Health Officer No. 8
RECEIVED

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..... *A. W. Mansie*
Licensed Embalmer No. *4157*
P. O. Address..... *Piedmont*

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18832

Registration District No. 744

Primary Registration District No. 3976

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
 (b) City or town Richmond T.P.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mabel Kilby Shotwell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour _____ minute _____ M.

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

Immediate cause of death Carcinoma of Pancreas and liver

Due to Primary seat Pancreas

Other conditions Carcinoma Pancreas + Liver
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature L.D. Green (M. D. or other) _____
 Address Richmond Mo Date signed 5-16-47

SUPPLEMENTAL

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

MOTHER FATHER

S-18832