S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14401

State File No.

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 25

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 89
(a) State Missouri (b) County Ray
(c) City or town Richmond (If outside city or town limits, write "RURAL")
(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 Maude Shotwell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Shotwell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 26 (Day) 1868 (Year)
8. AGE: Years 77 Months 2 Days 8 If less than one day hr. min.
9. Birthplace Richmond (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Dr. Samuel T. Bassett
13. Birthplace Mayes Lick (City, town, or county) Kentuckey (State or foreign country)
MOTHER 14. Maiden name Carlyn Woodson
15. Birthplace Mayes Lick (City, town, or county) Kentuckey (State or foreign country)
16. (a) Informant Mrs. H.K.Bell
(b) Address Little Rock Arkansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May.7.1945 (Month) (Day) (Year)
(c) Place: Burial or cremation Shotwell Cemetery
18. (a) Signature of funeral director E. Trueman
(b) Address Richmond Mo.
19. (a) May 4 1945 (Date received local registrar) (b) Mrs. Chas W. Whipped (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1945 hour 3.A. minute A. M.
21. I hereby certify that I attended the deceased from [illegible], 19[illegible], to , 19 ;
that I last saw h[illegible] alive on [illegible] 19[illegible]
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Sudden heart [illegible] Dead when I reached the [illegible] | Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

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)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 5-6-45

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
[illegible] File Number
[illegible] Filed 5/12/45

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 E. Wiseman [signature]

Licensed Embalmer No. 2073

P. O. Address Richmond. Mo.

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.