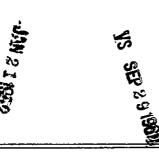
S. No. 300 FEDERAL SECURITY AGENCY MISSOURI DIVISION OF HEALTH M---10-47 National Office of Vital Statistics STANDARD CERTIFICATE OF DEATH v. 5-17-39 FILED OCT 7 DP I 3906 Registrar's No. 7 4-Primary Registration District No. 3057 Registration District No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: Ray (a) County..... Missouri (b) County___ RECORD (b) City or town Richmond (If outside city or town limits; write "RURAL" and name of township)
(c) Name of hospital or institution: (c) City or town Richmond 424 West Main St. 12h West Main St. (d) Street No ... (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution..... (e) Citizen of foreign country?..... 62 vears In this community..... years, months or days) If yes, name country..... MEDICAL CERTIFICATION 3: (c) PRINT HORACE MOREHEAD SHOTWELL 20. DATE OF DEATH, Month September day 22nd 3. (b) If veteran. 3. (c) Social Security No. name war · None 5. Color or 6. (a) Single, widowed, married, 4 Sex Male () rac White divorced Married that I last saw him alive on . Sep. 22-1948 and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife Elizabeth M. Shotwell 6. (c) Age of husband or wife if Duration Immediate cause of death Broncho pneumonia. 1880 7. Birth date of deceased September (Month) (Year) 8. AGE: Years Months Days If less than one day UNFADING 68 9. Birthplace Richmond, Missouri (State or foreign country) (City, town, or county) Other conditions Carcinoma of prostate, 10. Usual occupation Auditor (Include pregnancy within 3 months of death) 11. Industry or business State Auditor's Office PHYSICIAN Major findings:
Of operations. Carcinoma of prostate. (12. Name John Warder Shotwell 13. Birthplace Richmond, Underline Missouri the cause to 14. Maiden name Julia Deviln None. which death (State or foreign country) Of autopsy..... should be charged sta-tistically. 15. Birthplace..... Missouri 22. If death was due to external causes, fill in the following: (State or foreign country) (a) Accident, suicide, or hómicide (specify) 16. (a) Informant Ward (b) Address 7222 Charlotte, Kansas City, Mo. (b) Date of occurrence.... (c) Where did injury occur?... (b) Date thereof Sent 21, 1918 (Math) (Day) (Year) 17. (a) Rurial (Burial, cremation, or removal) (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in public place? (c) Place: burial or cremation Richmond, Missouri 18. (a) Signature of funeral director Thursman Runeral Tome (Specify type of place) (e) Means of injury_ While at work? (b) Address 627 East Main St., Richmond, (M. D. shother) 23. Signature... (Licensed Embalmer's Statement on Reverse Side)



RECEIVED District Health Officer No. 8, District File Number Date Filed 10-6-67



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of thi	certificate was embalmed by meXXXXV
		, Registered Apprentice No
working under my personal supervision.		
	Signed	William & Thurman
	•	Licensed Embalmer No. 4563
	•	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.