

No. 2  
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7-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21295

State File No. \_\_\_\_\_

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 726

1. PLACE OF DEATH:  
Buchanan  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
218 E. Missouri Ave. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 years  
(Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 E. Missouri Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Nancy C. Shatto 300  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 6  
year 1940 hour 10:45 minute a M.

4. Sex Female race White  
5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife W. F. Shatto 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Nov 15, 1940, to July 6, 1940  
that I last saw her alive on July 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Coronary Thrombosis  
Duration Five Minutes

7. Birth date of deceased Oct. 12, 1856  
(Month) (Day) (Year)

Due to Coronary Occlusion

8. AGE: Years 83 Months 8 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to ?

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife  
11. Industry or business Own home

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

12. Name B. F. Miles  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

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

14. Maiden name Heathy B. Watts  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Elizabeth Akles  
(b) Address 218 E. Missouri Ave.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof July 8, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn Cem.

23. Signature Will Kasper (M. D. or other) 1 mo  
Address St. Joseph 7/8/40 Date signed 7-8-40

18. (a) Signature of funeral director Clark Mortuary  
(b) Address 5025 King Hill Ave.  
19. (a) July 8 1940 (b) A. J. Suttelbach  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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 ~~xxx~~ July 6, 19

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

Signed *Earl Clark*.....

Licensed Embalmer No. 3476.....

P. O. Address St. Joseph, 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, above space should be left blank.**