V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8801

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1186

48 3 8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1806 Baltimore Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1806 Baltimore Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William David SHOTWELL.
3. (b) If veteran, name war No.
3. (c) Social Security No. 410-12-5793
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ********
6. (c) Age of husband or wife if alive ****** years
7. Birth date of deceased November 4th, 1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
30	4	8	hr. min.

9. Birthplace (City, town, or county) Texas (State or foreign country)
10. Usual occupation Electrician.
11. Industry or business
FATHER 12. Name George B. Shotwell
FATHER 13. Birthplace (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Lela V. Green.
MOTHER 15. Birthplace (City, town, or county) Texas (State or foreign country)
16. (a) Informant George B. Shotwell
(b) Address 1806 Baltimore Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Mo.
19. (a) 3-13-45 (Date received local registrar) (b) T. E. Brown (23) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1945 hour minute A. M.
21. I hereby certify that I attended the deceased from March 4 d, 1945 to March 11, 1945 that I last saw him alive on March 11, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilitation of the Heart	
Due to Tuberculosis of Lungs.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 d	
Of autopsy	

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) (e) Means of injury 0
23. Signature R. O. Bixby M.D. (M.D. or other)
Address 1114 Broadway K.C. Mo. Date signed 3/12/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. R.O.Bagby
1114 Broadway.
Vi.7813.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.