DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21930

Registration District No. 381 Primary Registration District No. 45-15- Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan
(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 83
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Sullivan 105
(c) City or town Milan 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME John Thomas Shatto
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora Weaver
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 3 (Month) 9 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	9	hr. min.

9. Birthplace Sullivan Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Jerry Shatto
13. Birthplace don't know 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth White
15. Birthplace Sullivan Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Mrs Tom Shatto
(b) Address Milan - Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 21 (Day) 48 (Year)
(c) Place: burial or cremation Oakwood - Milan
18. (a) Signature of funeral director [signature]
(b) Address Milan Mo
19. (a) July 5 - 1948 (Date received local registrar) (b) Mrs. H. B. Harris (Registrar's signature) 220

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1948 hour minute 6 45 a M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on June 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	?
Due to Unspecified heart disease	?
Due to	
Other conditions Senile changes & arterioclersis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy [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)
While at work? (e) Means of injury
23. Signature Joseph E Prior DD (M.D. or other)
Address Box 82 - Milan, Mo Date signed 6/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 7-48-
Date Filed JUL 13 1948

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan - Mo

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

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