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FILED NOV 6 1948 49
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
203 W. 34th. Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **William S. Shatto**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **487-07-3524**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Ethel B. Shatto**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **September 5th, 1883**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **17** If less than one day hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Slater Tile & Mantel Co.**

MOTHER FATHER { 12. Name **Elias Shatto**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Connell**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel B. Shatto**

(b) Address **203 W. 34th. Street**

17. (a) **Burial** (b) Date thereof **10-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **10-23-48** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **203 W. 34th. Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **22nd.**
year **1948** hour **12** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **July 12, 1948** to **Oct 22, 1948**
that I last saw him alive on **Oct 22, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 hrs**

Due to **Hypertrophy of the heart**

Due to **Aortic insufficiency** **6 mo.**

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations **92**

Of autopsy

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? **Chas. S. Kramer** (Specify type of place) **2**

23. Signature **Chas S Kramer** (M. D. or other) **D.O.**
Address **509 Bayant Bldg** Date signed **10/22/48**

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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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.