

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30574

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4038

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>WIFE</u>		d. STREET ADDRESS (If rural, give location) <u>6700 Cleveland Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Amy</u> b. (Middle) <u>hA Rene</u> c. (Last) <u>Shotwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Dec. 29, 1903</u>		9. AGE (In years last birthday) <u>45 1/2</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PORTALTA INDUSTRY Katz Drug Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Alfred C. Swain</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Miller E. Shotwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HOMER J. TAYLOR</u> ADDRESS <u>2520 SPRING VALLEY ROAD R.R.#3 HICKMAN</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia due to carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>carcinoma of liver</u> DUE TO (c) <u>carcinoma of uterus</u>		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>174X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of uterus with metastasis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-24, 1949, to 9-17, 1949, that I last saw the deceased alive on 9-17, 1949, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mc Anally</u> (Degree or title)		23b. ADDRESS <u>1331 Brush Creek</u>		23c. DATE SIGNED <u>9-18-49</u>	
24a. MORTUARY PREPARATION, REMOVAL (Specify) <u>SERIAL</u>		24b. DATE <u>SEPT-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	
DATE REC'D BY LOCAL REG. <u>9-20-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER</u>		ADDRESS <u>50975 Kansas City Mo.</u>	

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

H  
H  
B

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Robert Ray*

Licensed Embalmer No. *4182*

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.