

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

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Menorah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
(Specify whether)
 In this community **1 week**
years, months or days

3. (a) PRINT FULL NAME James A. Shettleworth
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Elsie Shettleworth** 6. (c) Age of husband or wife if alive **48** years
 7. Birth date of deceased **Feb 5, 1871**
(Month) (Day) (Year)

8. AGE: Years **69** Months **7** Days **23** If less than one day
hr. min.

9. Birthplace **White Cloud, Kansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **River Work - Retired**
 11. Industry or business

MOTHER FATHER
 12. Name **Richard Shettleworth**
 13. Birthplace **Booneville, Ky.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Miller**
 15. Birthplace **Warsaw, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elsie Shettleworth**
 (b) Address **1224 Swift, North K. C. Mo.**
 17. (a) **Burial** (b) Date thereof **9-30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Liberty, Missouri**

18. (a) Signature of funeral director **Morton Funeral Home**
 (b) Address **North Kansas City, Missouri**
 19. (a) **9-30-40** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clay**
 (c) City or town **North Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1224 Swift**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **28**
 year **1940** hour **12:15** minute _____ P. M.
21. I hereby certify that I attended the deceased from **1938**
 _____, 19____ to **Sept 28**, 19____
 that I last saw him alive on **Sept 28**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial infarction
 Due to *arteriosclerosis*
 Due to *hypertension*
 Other conditions **117a**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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?
361
 While at work? _____
(Specify type of place) (e) Means of injury
23. Signature _____ (M. D. or other)
 Address **North Kansas City, Mo.** Date signed **9-30-40**

Duration _____
 Underline the cause to which death should be charged statistically.

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. 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.