

S. No. 2
M-1.4-41
v. 5-17-39
I X28390

17474

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 168

FILED JUN 18 1942
Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 511

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1609 Ashland Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1609 Ashland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harriett Emily Shotwell

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1942 hour 3 minute 15 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles E. Shotwell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 30 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-8-1941 to 5/13 1942
that I last saw her alive on 5/13 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 8 Days 13
If less than one day hr. min.

Immediate cause of death Cerebrovascular disease of brain about 3 yrs
Duration _____

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

10. Usual occupation Housewife

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Williams

13. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Francis Foster

15. Birthplace Liverpool England
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles E. Shotwell

(b) Address 1906 Ashland

17. (a) Burial (b) Date thereof May 15, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

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? _____

18. (a) Signature of funeral director Fleermann + Son Inc

(b) Address St. Joseph, Missouri

19. (a) 5-14-42 (b) Rose Hegory
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____ (e) Means of injury _____

23. Signature L. C. Bauman (M. D. or other) _____
Date signed 5/14/42
Kirkpatrick Beldy

1233 (Licensed Embalmer's Statement on Reverse Side) Dr. Joseph Mo

Wallace & Bauman.

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.....

May 13 42..... Registered Apprentice No.....
working under my personal supervision.

Signed John H. Hurley.....

Licensed Embalmer No. 4050.....

P. O. Address St Joseph 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.