S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9390

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1067

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: 3244 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3244 Penn 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ROY L SHATTUCK

3. (b) If veteran, name war No

3. (c) Social Security No. 499-07-8572

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Shattuck

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 8 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	7	28	hr. min.

9. Birthplace Albany (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Painter & Paperhanger

11. Industry or business

FATHER
12. Name No Record
13. Birthplace " " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Margaret Shattuck
(b) Address 3244 Penn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 3-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day March
year 1947 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19__, to __, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute Coronary Thrombosis · Posterior

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations

Of autopsy See Above

Duration

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) 0
While at work? (e) Means of injury

23. Signature A. E. Upgher (M. D. or other) MD
Address 2800 Main Date signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.