

S. No. 300
M-10-47
v. 5-17-39
I 3906

FILED SEP 4 1948
Registration District No. **749**

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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **P-3-48 to 9-23-48**
In this community **27 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3619 Thompson**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Wilmot Hopkins Shotliff**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-07-7365**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. EDNA E. SHOTLIFF** 6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **MAY 15 1907**
(Month) (Day) (Year)

8. AGE: Years **41** Months **3** Days **8** If less than one day hr. min.

9. Birthplace **SOUTHWEST CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RADIO TECHNICIAN**

11. Industry or business **MOTOR RADIO COMPANY**

12. Name **FRANK SHOTLIFF**

13. Birthplace **WILMOT WISCONSIN**
(City, town, or county) (State or foreign country)

14. Maiden name **EVA HOPKINS**

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

16. (a) Informant **MRS. EDNA E. SHOTLIFF**

(b) Address **3619 THOMPSON, K.C., MO.**

17. (a) **CREMATION** (b) Date thereof **Aug-25-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S SON'S**

18. (a) Signature of funeral director **D.W. Newcomer's Son**

(b) Address **1401-BRUSH, CREEK BLVD.**

19. (a) **8-25-48** (b) **Sheldine Holm**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**
year **1948** hour **4:13** minute **9-17** M.

21. I hereby certify that I attended the deceased from **23 March**
19 **48** to **23 August** 19 **48**

that I last saw him alive on **20 August** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis**

Due to **Seminoma of testicle** Duration **10 months**

Due to

Other conditions (Include pregnancy within 3 months of death) **5/6**

Major findings: Of operations **Seminoma of testicle**

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?

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

23. Signature **[Signature]** (M. D. or other)

Address **1103 Grand Ave. K.C. Mo.** Date signed **8/23/48**

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

D. D. Nofsinger

Licensed Embalmer No.

3938

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.