

OCT 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
32398
Do not use this space.

690

1. PLACE OF DEATH

(a) County GREENE Registration District No. 315
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. 1020 St. Louis St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Shaw

(a) Residence, No. 1020 St. Louis St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Shaw
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1863
 7. AGE YEARS 76 MONTHS 3 DAYS 10 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mattoon,
 (STATE OR COUNTRY) Ill.

13. NAME Hemerson Carman

14. BIRTHPLACE (CITY OR TOWN) UNK
 (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Ruth Moore

16. BIRTHPLACE (CITY OR TOWN) UNK
 (STATE OR COUNTRY) Ill.

17. INFORMANT Charles Shaw
 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Eastlawn DATE Sept 9 1939

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer
 (ADDRESS) Springfield, Mo.

20. FILE Sept 9 1939 Chas. George MD
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1939, to Sept 7 1939

I last saw h. a. alive on Sept 2 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Aug 26, 39

Other contributory causes of importance:

Chronic Hypertension
Chronic Myocarditis

Name of operation None. Date of.....
 What test confirmed diagnosis Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify J. Newton Wakeman, M. D.
 (Signed) J. Newton Wakeman

(Address) Springfield, Mo

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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, above space should be left blank.