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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23053

State File No.

Registration District No. 876

Primary Registration District No. 6164

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Lake Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether)

In this community 70 years
years, months or days

3. (a) PRINT FULL NAME George D. Shaw

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years 1864

7. Birth date of deceased May 6 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 17
If less than one day hr. min.

9. Birthplace Greene County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Richard Shaw

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

14. Maiden name Elizabeth Cook

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

16. (a) Informant Mrs. R. A. Lowrey

(b) Address Horton Mo

17. (a) Burial (b) Date thereof May 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Horton Burial Park

18. (a) Signature of funeral director Allen V. Coyle

(b) Address Nevada Mo.

19. (a) June 16 - 40 (b) Stella Heild
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Southwest of Nevada Lake Temp
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 10:45 minute M.

21. I hereby certify that I attended the deceased from May 17 - 1940 to May 23 1940
that I last saw him alive on May 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Death of heart, of chronic Myo Carditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93C

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? 7941

(Specify type of place) _____

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

23. Signature J. M. G. G. G. (M. D. or other) 1

Address Stella Heild Date signed 5/28

Duration ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7
District File Number 7-48
Date Filed 7-9-68

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 Allan V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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, above space should be left blank.