

No. 2
4-13-40
5-17-39
DI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6881**

Registration District No. **293**

Primary Registration District No. **4177**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County **Franklin**
 (b) City or town **Pacific**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **4 Years**
 years, months or days)

3. (a) PRINT FULL NAME **GEORGE HENRY SHAW**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **486-74-7797**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 29 1872**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Dundee Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Operator**
 11. Industry or business **Public Telephone System**

MOTHER FATHER
 12. Name **Lawrence Shaw**
 13. Birthplace **Ireland**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margaret McCraw**
 15. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shaw**
 (b) Address **Pacific, Mo.**

17. (a) **Burial** (b) Date thereof **10/11/40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Proctor**
Pacific, Mo.
 (b) Address _____

19. (a) **3-11-41** (b) **Mary B. Cross**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Franklin**
 (c) City or town **Pacific, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **9**
 year **1940** hour **11** minute **15 A** M.

21. I hereby certify that I attended the deceased from **July 10 - 1939**
 to **Oct 9 1940**
 that I last saw him alive on **October 9 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to **apoplexy, thrombosed, arteriosclerosis**
 Due to **chronic nephritis**
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Proctor** (M. D. or other) _____
 Address **Pacific** Date signed **10/11/40**

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.....

Jno. L. Chebes

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.