S. No. 2
-11-10-39
5-17-39
P I X21492

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

600

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14468

Registration District No. 1104 Primary Registration District No. 5415 Registrar's No. 9

Born 2

1. PLACE OF DEATH:

(a) County: Franklin

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

(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State: Missouri (b) County: Franklin 36

(c) City or town: Gerald, Missouri -- Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: About 5 miles South of Gerald 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James O. Shaw

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Isabelle Shaw

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

7. Birth date of deceased: April (Month) 12 (Day) 1873 (Year)

8. AGE: Years 68 Months 0 Days 8 If less than one day hr. min.

9. Birthplace: Dallas, Texas (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Peter Shaw
13. Birthplace: Scottland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ann Sawyers
15. Birthplace: Franklin County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Isabella Shaw
(b) Address: Gerald, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 22, 4 (Month) (Day) (Year)
(c) Place: burial or cremation: New Friendship Church Cemetery

18. (a) Signature of funeral director: E. P. Oltmann
(b) Address: Gerald, Missouri

19. (a) 4-22-41 (Date received local registrar) (b) Charles Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1941 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Apr 20, 1941 that I last saw him alive on Mar 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	Not Known
Due to:	
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: B. L. Matthews (M. D. or other) MD O
Address: Seaford Mo Date signed 4/21/41

(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 Ernst L. Oltmann

Licensed Embalmer No. 4054

P. O. Address Gerald Minn

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.