

FILED JUN 16 1941

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(33)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 561

Primary Registration District No. 5-755

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Clear Saline
(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
In this community
years, months or days

8: (a) PRINT FULL NAME George Edward Shaw
8: (b) If veteran, name war
8: (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 Nevada Shaw 6: (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Mar 21 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 22 hr. min.

9. Birthplace London England
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER
12. Name John Shaw
13. Birthplace England
(City, town or county) (State or foreign country)
14. Maiden name Crista Sutcliffe
15. Birthplace England
(City, town or county) (State or foreign country)

16: (a) Informant Mrs. V. J. Crin
(b) Address Clear

17: (a) Burial (b) Date thereof 5-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical

18: (a) Signature of funeral director W. D. Walker

(b) Address Russell's Inc.

19: (a) 5-15-41 (b) Belle Hayes
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 26
(c) City or town Clear 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 13,
year 1941, hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from
Jan 12 1941 to May 13 1941
that I last saw him alive on May 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Senility
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
?
?
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?
495
While at work? (Specify type of place) (a) Means of injury

23. Signature W. D. Walker (M. D. or other) 0
Address Clear Mo Date signed 6/9/41

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

RECEIVED

Miller County Health Dep't.

County File Number 41-70

Date Filed 6/11/41

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 *R. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address. *Russellville*

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.