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5-17-39
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FILLED JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18776

Registration District No. 720

Primary Registration District No. 6234

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County PULNAM
(b) City or town LIVONIA Grant town
(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 60 years
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME JOHN ELSWORTH 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 ROSA SHAW 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JUNE 25 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name BENJAMIN SHAW

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

14. Maiden name MARGARET ARNET

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

16. (a) Informant Chester Cowan

(b) Address Stall Mo

17. (a) BURIAL (b) Date thereof May 3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST JOHN CEMETERY

18. (a) Signature of funeral director Comstock FUNERAL HOME

(b) Address Unionville Mo By St Comstock

19. (a) 5-15-41 (b) C. E. McCallister
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from July 20
1941, to April 30, 1941;
that I last saw him alive on April 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis

Due to Ascending infection from operation of pyelitis
Due to Prostatitis

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. V. Hart (M. D. or other)

Address Crestonville Mo Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 6-41-114

Date Filed JUN 18 1941

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 _____

J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address Channahon, Ill.

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.