

FILED NOV 18 1941

Registration District No. 8

Primary Registration District No. 5124 A

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Rural Ash Hill  
(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 (Specify whether)

3. (a) PRINT FULL NAME Glenda Shaw

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 6. 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 Apr. 7 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 2 hr. min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Shaw  
13. Birthplace Malden Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Bussis  
15. Birthplace Herron Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Shaw

(b) Address Fish Mo.

17. (a) Burial (b) Date thereof Oct 6 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Edmond Ark

(b) Address \_\_\_\_\_  
19. (a) 8-10-9-41 (b) Bole's Nurse  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi S. 1 mi East of Fish  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5  
year 1941 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Oct 4 1941 to Oct 5 1941  
that I last saw her alive on Oct 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis Duration 8 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1190

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 R. F. Tarpley (M. D. or other)  
Address Fish Date signed Oct 5 1941

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

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

200

RECEIVED

District Health Office No. 2,

District File Number 1141-1555

Date Filed 11/3/41

*Handwritten notes at top left, possibly "12/1/41" and "E. W. E."*

*Handwritten notes at top right, possibly "W. S. S. S. S."*

*Handwritten notes in the middle left area, including "14/11" and "12/1/41"*

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.