

DEC 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43138

State File No.

Registration District No. 802

Primary Registration District No. 4481

Registrar's No. 89

1. PLACE OF DEATH:

(a) County SCHUYLER
(b) City or town DOWNING
(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 _____)
In this community _____
years, months or days

3. (a) PRINT

FULL NAME ANNA JANE SHAW

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Dudley Shaw

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

7. Birth date of deceased May (Month)

5 (Day) 1875 (Year)

8. AGE:

Years

Months

Days

If less than one day

66

6

24

hr.

min.

9. Birthplace

Fulton Co. Illinois

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name Tom Harper

13. Birthplace

Georgia (County) Brown (State or foreign country)

14. Maiden name

Georgia (City, town, or county) (State or foreign country)

15. Birthplace

Georgia (City, town, or county) (State or foreign country)

16. (a) Informant

Ralph Shaw

(b) Address

Lawrence MO

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof Dec 29 1941

(Month) (Day) (Year)

(c) Place: burial or cremation

Cone Cemetery

18. (a) Signature of funeral director

True Mardock

(b) Address

Lawrence, Mo

19. (a)

Dec 2-1941 (Date received local registrar)

(b)

H. E. Erving (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Downing 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 Nov 29 1941 day
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from

11-20 1941 to 11-29 1941

that I last saw her alive on 11-29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral
thrombosis

Duration

10 da

Due to

Hypertension

?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

X X

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 J. B. Lebert (M. D. or other)

Address Centerville Date signed 12-1-41

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

721

(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.....

Minnie True Morehead

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Truer Minnie Morehead*

Licensed Embalmer No. *3731-3680*

P. O. Address *Louisiana 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.