

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 17 1942

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 1684

1. PLACE OF DEATH:  
 (a) County Jackson,  
 (b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
431 South Lawndale,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether  
 In this community since 1906  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson,  
 (c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 431 South Lawndale,  
(If rural, give location)  
 (e) Citizen of foreign country? X (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME William Samuel Shaw,  
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 27th  
 year 1942 hour 5:30 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed,  
 6. (b) Name of husband or wife Alice L. Shaw 6. (c) Age of husband or wife if alive Dec. years  
 7. Birth date of deceased December 27 1849  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16-1942  
 1942 to April 27 1942  
 that I last saw him alive on April 22 1942  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary thrombosis  
 Duration 30 days

8. AGE: Years Months Days If less than one day  
92 4 0 hr. min.

Due to Senile arterio Sclerosis 10945  
 Due to 94a

9. Birthplace Iowa, 1  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired,

11. Industry or business X  
 12. Name Samuel Shaw,  
 13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Vandenburg,  
 15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations ✓  
 Of autopsy ✓  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. L. Talbott,  
 (b) Address 431 So. Lawndale, Kansas City, Mo.

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? \_\_\_\_\_

17. (a) Burial, (b) Date thereof 4-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Moriah Cemetery

While at work? ✓ (Specify type of place) (e) Means of injury 3  
 23. Signature W. H. Jones (M. D. or other) MD  
 Address 901 Westport Date signed 4/27/42

18. (a) Signature of funeral director Stine & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 4-29-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

*Haynes*  
Dr. Lee Haynes.

*901 West*

*Va 9593*

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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 *E. M. Clark*

Licensed Embalmer No. *1848*

P. O. Address *T. C. 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.