FILED MAY 9 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Reg. 42

Primary Reg 47026

STANDARD CERTIFICATE OF DEATH

State of ~~XXXXXXXXX~~ MISSOURI

State File No. 13711

Registrar's No. 42 3

1 PLACE OF DEATH:
(a) County Barton
(b) City or town Mendon Mills Mo.
(If outside city or town limits, write RURAL)
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barton
(c) City or town 0
(If outside city or town limits, write RURAL)
(d) Street No. 0
(If rural give location)
(e) Citizen of foreign country? Yes or No No
If yes, name country .....

3(a) FULL NAME Laura E Shaw
3 (b) If veteran, name war .....
3 (c) Social Security No. .....
4. Sex F
5. Color or race W
6(a) Single, widowed, married, divorced W
6 (b) Name of husband or wife Clarke L Shaw
6(c) Age of husband or wife, if alive ..... years.
7. Birth date of deceased Mar (Month) 24 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	16	hr. ..... min.

9. Birthplace Johnson Co. Mo 0 (City, town, or country) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

MOTHER FATHER
12. Name Bill Greams
13. Birthplace 0 (City, town, or country) (State or foreign country)
14. Maiden name .....
15. Birthplace 0 (City, town, or country) (State or foreign country)

16. (a) Informant's own signature .....
(b) Address .....
17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place; burial or cremation .....
Was body embalmed? Yes ..... No .....
Signature of embalmer .....
18. (a) Signature of undertaker John H Hurnit
(b) Address Dieterich Ill
19 (a) 3/12/42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Mch 12 day — year 1942 hour 5 26 P.M. minute .....
21. I hereby certify that I attended the deceased from 3/8 1942 to 3/12 1942, that I last saw her alive on Mch 12 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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? ..... (Specify type of place)
While at work? ..... (Specify) Means of injury .....
23. Signature Geo J Gish (M.D. or other)
Address Mendon Mo Date signed 3/12/42

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