

STANDARD CERTIFICATE OF DEATH

18654

State File No. _____

JUN 9 1942
Registration District No. _____

Primary Registration District No. 6279 6269

Registrar's No. 1

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

1. PLACE OF DEATH: Ozark
 (a) County: Rural-Pontiac - *Shaw*
 (b) City or town: _____
 (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: 55 years (Specify whether years, months or days)
 In this community: _____

3. (a) PRINT FULL NAME: David H. 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: 2 widowed
 6. (b) Name of husband or wife: Nancy Mahan 6. (c) Age of husband or wife if alive: 25 years 1879
 7. Birth date of deceased: July 25 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation: Farming

11. Industry or business: _____

12. Name: Robert Shaw
 13. Birthplace: Not known (State or foreign country)

14. Maiden name: Emily Gaunce (State or foreign country)
 15. Birthplace: Not known (City, town, or county) (State or foreign country)

16. (a) Informant: Jesse J. Shaw (b) Address: Pontiac Mo.

17. (a) Burial (b) Date thereof: April 7/42 (Month) (Day) (Year)
 (c) Place: burial or cremation: Pontiac Cemetery

18. (a) Signature of funeral director: _____ (b) Address: Clingingbeard Fm. Home

(b) Address: Gainesville Mo.

19. (a) 4-30-42 (b) Mary K. Johnson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Ozark
 (c) City or town: Rural Pontiac (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.: not from born years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 5 year 1942 hour 5 minute 30 M.
 21. I hereby certify that I attended the deceased from 15 January 1942 to April 4 1942 that I last saw him alive on April 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia, primary Duration: 1 yr.

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?

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

23. Signature: M. J. Hoerman D.O. (M. D. or other)
 Address: Gainesville, Mo. Date signed: 4/5/42

RECEIVED

District Health Officer No. 6,

District File Number 642-774

Date Filed JUN 8 1942

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 W.B.Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville, 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.