

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 10 1942  
Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3050

Dr. Luten 34487

State File No. ....

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Years  
In this community 13 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15th, and Walker  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Link Shaw

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Shaw  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Hickman Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Luke Shaw  
13. Birthplace Hickman Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Shaw  
(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 10/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Morgan ridge Cem.

18. (a) Signature of funeral director W.S. Smith  
(b) Address Caruthersville, Mo.

19. (a) 10-14-42 (b) Jessie W. Marley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12  
year 1942 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 7th 1942  
Oct 12 1942 until Oct 10 1942  
that I last saw alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Uremia

Due to.....  
Due to Prostatic Obstruction

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

Major findings:  
Of operations..... 137a  
Of autopsy.....

Duration  
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 W. B. [unclear] (M.D. or other)  
Address Richwood, Mo. Date signed Oct 14 42

12:30 (Licensed Embalmer's Statement on Reverse Side)

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

11-42-25

DEC 1 1901

RECORDED

**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, ~~XXXX~~.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *James A. Osburn*.....  
Licensed Embalmer No. 4185.....  
P. O. Address Caruthersville, 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.**