

FILED FEB 23 1943  
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Flanagan Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry T. Shaw

3. (b) If veteran, name war Unknown

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

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased About 1858  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>-</u>	<u>-</u>	hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9 Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Social Welfare Bd.

(b) Address Community Hall City.

17. (a) Burial (b) Date thereof Feb. 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery.

18. (a) Signature of funeral director Arnold W. Schulz

(b) Address 1802 Union Street St. Joseph, Mo.

19. (a) 2-2-43 (b) Roe Skelton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st  
year 1943. hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from December 26  
1942 to January 27, 1943.

that I last saw h. im alive on January 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Anoxia

Due to Arteriosclerosis General 5 hrs

Due to Decubiti Ulcers

Other conditions Free Fevers

(Include pregnancy within 3 months of death)

Major findings:  
Of operations 1860

Of autopsy 18

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) Accident

(b) Date of occurrence 12-26-42

(c) Where did injury occur? Side walk St. Joseph, Buchanan  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? Yes (Specify type of place) City  
(M. D. or other)

23. Signature Walter Reed (M. D. or other) W.D.

Address Walter Reed Date signed 2-2-43

1233

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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.....

*Albert P. Harrington*

.....  
Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, 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.**