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 5-17-39  
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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 8 1943

Registration District No. 152

Primary Registration District No. 3021

Registrar's No. 37

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

1. PLACE OF DEATH:  
 (a) County Grundy  
 (b) City or town TRENTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1635 Norton Ave  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 15 years (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Linn  
 (c) City or town Trenton  
 (If outside city or town limits, write "RURAL.")  
 (d) Street No. 1635 Norton Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUCRETIE SHAW  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar day 9  
 year 1943 hour 4:10 minute 7 M.  
 21. I hereby certify that I attended the deceased from June 17th  
1939 to March 9th 1943  
 that I last saw her alive on March 28 1943  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife S. S. Shaw  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 29th 1859  
 (Month) (Day) (Year)

Immediate cause of death Chronic Nephritis  
 Due to Do not know  
 Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
84 | 1 | 9 | \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 93d  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Uniontown, Pa. (City, town, or county) (State or foreign country)  
 10. Usual occupation housewife

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) (b) Means of injury \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name John Akers

23. Signature Oliver P. Duffy M.D. or other \_\_\_\_\_  
 Address Trenton, Mo. Date signed \_\_\_\_\_

13. Birthplace unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Susan Kanders  
 15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. H. Puel  
 (b) Address Trenton Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-43  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Dani James Hunt  
 (b) Address Trenton Mo  
 19. (a) Mar 9, 1943 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

Duration  
5 years

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**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 Myself  
working under my personal supervision.

Signed Raymond A. Davis  
Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 3424  
P.O. Address Jrenton, 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.**