

LED JUL 10 1943 74
Registration District No. 74

Primary Registration District No. 4407

Registrar's No. 206

1. PLACE OF DEATH: Pettis

(a) County..... Pettis

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

(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..... 42 Years (Specify whether years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pettis

(c) City or town: La Monte Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: / (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME: Albert 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, / Married

6. (b) Name of husband or wife: Mollie C. Shaw 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Sept 28 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	8	17	hr. min.

9. Birthplace: Pettis Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name: John W. Shaw

13. Birthplace: Ky. / (City, town, or county) (State or foreign country)

14. Maiden name: Sarran J. Johnson (City, town, or county) (State or foreign country)

15. Birthplace: Ky. / (City, town, or county) (State or foreign country)

16. (a) Informant: Mollie Shaw

(b) Address: La Monte Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation: La Monte Mo.

18. (a) Signature of funeral director: B.F. Parker

(b) Address: La Monte Mo.

19. (a) 6-16-43 (Date received local registrar) (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 14 year: 1943 hour: 9 AM minute: M.

21. I hereby certify that I attended the deceased from May 1940 to June 14 1943 that I last saw him alive on June 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: H. B. Pressure 3 ymo

Due to.....

Other conditions (Include pregnancy within 3 months of death): J3a!

Major findings: Of operations: Of autopsy:

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.E. Walker M.D. or other M.D.

Address: La Monte Mo Date signed: 6-16-43

Duration: 6

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

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

17-2-43

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.....

B. F. Carter

Licensed Embalmer No. 1592

P. O. Address.....

La Monte, W.

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.