V. S. No. 2
50M—9-4-41
Rev. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27469

State File No. .....

Registration District No. 49 — Primary Registration District No. 1002 — Registrar's No. 3648

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C. TB. Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr 4 m 12 d. (Specify whether In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 5527 Harrison (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs Laura Belle Shaw

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Leonard M. Shaw

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 3 (Month) 13 (Day) 1883 (Year)

8. AGE: Years 60 Months 5 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jordan Boyd
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Dialta Monroe
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Records K.C. TB Hosp

(b) Address Leeds Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Missouri

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek

19. (a) 8-23-43 (Date received local registrar) (b) T.E. Brown (Registrar's signature) Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 22 year 1943 hour 2.50 minute P. M.

21. I hereby certify that I attended the deceased from 4-10-39, 19..., to 8-22, 1943 that I last saw her alive on 8-22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	4½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Tuberculosis Otitis Media Rt.	

Major findings:
Of operations
Of autopsy Same.

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? (Specify type of place)

While at work? (e) Means of injury?

23. Signature Matthew J. Noon (M. D. ~~or other~~)

Address Leeds Mo. Date signed 8/22/43

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(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Newcomer Jr

Licensed Embalmer No. 40430

P. O. Address K.C. 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.