

FILED FEB 14 1944

Registration District No. 132

Primary Registration District No. 3021

State File No. _____

Registrar's No. 194

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: 1914 parcel 5X1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40
(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1914 - parcel 5X (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROBERT SHAW

3. (b) If veteran, name war _____

3. (c) Social Security No.

495-07-3452

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Enah Shaw

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: May 25, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace

Lelap, Mo. (City, town, or county) see 1 (State or foreign country)

10. Usual occupation

Coal Miner

11. Industry or business

Mine

MOTHER FATHER { 12. Name

Joseph Shaw

13. Birthplace

Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name

Esther Webb

15. Birthplace

Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant

Reah Shaw

(b) Address

Trenton, Mo.

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof May 28, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation

St. Paul's Cemetery

18. (a) Signature of funeral director

Rafael A. Haines

(b) Address

Trenton, Mo.

19. (a)

1-5-44 (Date received local registrar)

(b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1943 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from April 27, 1943 to December 20, 1943 that I last saw him alive on December 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis of several yrs duration

Due to _____

Due to _____

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

Major findings: 1281
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 W. H. Quillen M.D. (M. D. or other)
Address Trenton, Mo. Date signed 12-30-43

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

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

Raymond A. Davis
.....
Licensed Embalmer No. *3424*

P. O. Address *Quenton 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.