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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12-20
11-21

3661

State File No.

Registrar's No. 3

FILED FEB 10 1944

Registration District No. 232

Primary Registration District No. 5812

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution: Prairie Farm
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

(e) Citizen of foreign country? - (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Shirley Ann Shaw

3. (b) If veteran, name war..... 3. (c) Social Security No. -

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Nov 21 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 9 If less than one day
hr. min.

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

10. Usual occupation -

11. Industry or business -

MOTHER { 12. Name Melner Shaw

13. Birthplace Middleton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Meyers

15. Birthplace Pittsfield Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Melner Shaw

(b) Address Middletown Missouri

17. (a) Burial (b) Date thereof Dec 21 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norman

18. (a) Signature of funeral director Pritchett-Koene

(b) Address Middletown Mo

19. (a) Dec. 30, 1943 (b) Durella Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th
year 1943 hour..... minute 23⁰⁰ P.M.

21. I hereby certify that I attended the deceased from Dec 26th
1943 to Dec 30 1943
that I last saw her alive on Dec 30th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?
.....

While at work?..... (Specify type of place)
(e) Means of injury Ⓞ

23. Signature A. Hirsch (M. D. or other) 12-31-43
Address Middletown Mo Date signed 12-31-43

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

1804

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.