

FILED FEB 13 1945

State File No. **2461**

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 1

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town "Rural" Blue P.R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: RR #2 Indep. Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 57  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.R. #2 - 3MIE of Indep.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John H. Shaw  
 3. (b) If veteran, name war L  
 3. (c) Social Security No. L

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 1 day 9  
 year 1945 hour 7:30 minute 8 M.  
 21. I hereby certify that I attended the deceased from Coroner  
 that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Minta Shaw 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased May 30, 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
 Due to arterio-sclerosis  
 Due to old  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: History of Impaction  
 Of autopsy no

8. AGE: Years 68 Months 7 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Water Berry, Conn  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Musician

12. Name Dont Know

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minta Shaw

(b) Address Main road RR 2 - Indep. Mo

17. (a) BURIAL (b) Date thereof Jan. 11, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Indep.

18. (a) Signature of funeral director Ott Mitchell

(b) Address 310 N. Main - Indep.

19. (a) 1-11-1945 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

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

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 James W. Ross (M. D. or other) Coroner  
 Address 1424 Poplar St Date signed 1-10-45

1163

W.B. 105

MAR 21 1951

APR 25 1945

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 me

Registered Apprentice No. ....

working under my personal supervision.

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.