

FILED MAR 12 1945  
Registration District No. 275

Primary Registration District No. 6012

Registrar's No. 6

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

1. PLACE OF DEATH:  
 (a) County Randolph  
 (b) City or town Chariton Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days)

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

3. (a) PRINT FULL NAME Malissia Francis Shaw  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 4  
 year 1945 hour 11:30 A.M. minute \_\_\_\_\_ M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Joseph Daniel Shaw  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased: March 8 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 4 1945  
 that I last saw her alive on Feb 4 1945  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial Infarction Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
71 10 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Randolph Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henderson Johnson  
 13. Birthplace N. Carolina  
(City, town, or county) (State or foreign country)  
 14. Maiden name Lutheria Powers  
 15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. Dan Shaw

(b) Address Thomas Hill, Missouri

17. (a) burial (b) Date thereof 2/8/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Hill

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? \_\_\_\_\_

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntville, Ind.

19. (a) 3-2-45 (b) Mrs. P. D. Dwyer  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 23. Signature W. E. Alexander (M. D. or other) \_\_\_\_\_  
 Address Thomas Hill, Mo. Date signed 2-23-45

RECEIVED  
District Health Officer No. 10-  
District File Number 3-45-408  
Date Filed MAR 8 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Tom B. Patton  
Licensed Embalmer No. 3914  
P. O. Address. Huntsville, Ala.

**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.