

JUL 12 1945

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(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 X
In this community most of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John E. Shaw

8. (b) If veteran, name war Z 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Emma Shaw 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 29 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business X

12. Name John Shaw 9
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mary Shaw 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Eunice Badwell
(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation Greenley Cem
18. (a) Signature of funeral director Carl A. Palmer
(b) Address Salem Mo

19. (a) 6-29-45 (Date received local registrar) (b) John E. Shaw (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Salem 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? X _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1945 hour 2 minute 45 PM

21. I hereby certify that I attended the deceased from 5-21-45, 1945 to 6-27-45, 1945

that I last saw him alive on 5-22-45, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to Carcinoma of stomach 4 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations etc

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature J. D. ... (M. D. or other) P.O.
Address Salem, Mo Date signed 6-25-45

RECEIVED :

District Health Officer No. 5,

District File Number 745-319

Date Filed 7-10-45

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 Carl W. Johnson

Licensed Embalmer No. 8370

P. O. Address Dalton, 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, above space should be left blank.