S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No. 24247

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 308

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1011 Jackson Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 40

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 1011 Jackson Avenue (If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samuel Wood Shaw

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Sarah M. Shaw

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

7. Birth date of deceased November 29, 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	3	hr. min.

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

10. Usual occupation Baptist minister

11. Industry or business

FATHER
12. Name George Shaw
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Ann Wood
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Sarah M. Shaw

(b) Address 1011 Jackson, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/9/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 7-5-45 (Date received local registrar) (b) Gertrude Sudhorter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1945 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 1, 1944 to July 2, 1945 that I last saw him alive on July 2, 1945, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Heart disease

Due to

Other conditions (Include pregnancy within 3 months of death) about 8 months

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] M.D. (Date of other) 7-4-45

Address 708 Friseo Bldg Joplin Mo July 5-45

(Licensed Embalmer's Statement on Reverse Side)

45-7-582

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.