S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27931

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 164

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 918 Church St
(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 Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 918 Church St 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME James Shaw

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

4. Sex Male 0 5. Color or race White 6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

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

7. Birth date of deceased Dec (Month) 9 (Day) 1866 (Year)

8. AGE: Years 78 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Orange Co (City, town, or county) New York (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

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

MOTHER
14. Maiden name Ellen McGinnis 4
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs Teresa Shaw
(b) Address Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 9 (Day) 45 (Year)
(c) Place: burial or cremation Edina Mo

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo

19. (a) 6-11-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1945 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 4, 1945, to June 6, 1945
that I last saw him alive on 4-4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis (General)	1 yr.
Due to —	
Due to —	
Other conditions Myocardial Failure (Include pregnancy within 3 months of death)	2 wks

Major findings:
Of operations —
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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Richard J. Sudnit (M. D. or other) MD
Address Hannibal Mo Date signed 6-11-45

1394 (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 James O'Donnell

Licensed Embalmer No. 2222

P. O. Address Hannibal 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.