S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30040

State File No.

FILED SEP 26 1945

Registration District No. 6

Primary Registration District No. 4021

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain.

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Audrain. 4

(c) City or town Laddonia, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hallie A. Shaw.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 20, 1880.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	10	22	hr. min.

9. Birthplace Calloway Co. (City, town, or county) Missouri. (State or foreign country) 0

10. Usual occupation Farmer.

11. Industry or business Farm

FATHER
12. Name Samuel C. Shaw.
13. Birthplace Unknown. (City, town, or county) England. (State or foreign country) 4

MOTHER
14. Maiden name Malsie Thompson.
15. Birthplace St Paul (City, town, or county) Minn. (State or foreign country) 1

16. (a) Informant Hallie A. Shaw.
(b) Address Laddonia, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Laddonia, Missouri.

18. (a) Signature of funeral director Clyde C. Willey
(b) Address Laddonia, Missouri.

19. (a) 8-14-45 (Date received local registrar) (b) J. W. Watkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th, year 1945 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1945 to Aug 12, 1945 that I last saw him alive on Aug 14 45, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions Parkinsons disease (Include pregnancy within 3 months of death)	4 yrs

Major findings:
Of operations
Of autopsy

108

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 0

23. Signature W. K. McCall (M. D. or other)

Address Laddonia, Mo. Date signed 8-14-45

1080

(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 Clyde Dickey

Licensed Embalmer No. 3820

P. O. Address Perry, Ga.

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.