

FILED FEB 11 1946

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 N. Webb 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 10 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 401 N. Webb St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN SHAW

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 25 - 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace no data (City, town, or county) (State or foreign country) 9

10. Usual occupation Common labor

11. Industry or business _____

MOTHER FATHER {
12. Name no data
13. Birthplace no data (City, town, or county) (State or foreign country) 9
14. Maiden name no data
15. Birthplace no data (City, town, or county) (State or foreign country) 9

16. (a) Informant Friend

(b) Address _____

17. (a) Burial (b) Date thereof 1/26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo.

18. (a) Signature of funeral director Walter Lewis

(b) Address Webb City, Mo.

19. (a) JAN 26:46 (b) W. R. Dickerson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from JAN 25 1946 to JAN 26 1946
that I last saw him alive on JAN 25 1946
and that death occurred on the date and hour registered above.

Immediate cause of death CEREBRAL HEMORRHAGE 13 hrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy JZW

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)
(e) Means of injury _____

23. Signature W. R. Dickerson (M. D. or other) D.O.

Address PARLERVILLE MO Date signed 1-26-46

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

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 *Richard Gray Lewis*.....

Licensed Embalmer No. *4405*.....

P. O. Address. *Webb City 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.