

S. No. 2
M-5-43
7. 5-17-39
X 36671

FILED JUN 11 1946

Registration District No. **155** Primary Registration District No. **4245** Registrar's No. **11**

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Oronogo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
405 East Central St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper **79**
 (c) City or town Oronogo **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. 405 East Central **0**
(If rural, give location)
 (e) Citizen of foreign country? No. **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emily Addine Shaw
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 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 January Co., 28, 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 19 year 1946 hour 3 minute A M.
 21. I hereby certify that I attended the deceased from 2-9-46 1946 to May 18 1946 that I last saw her alive on May 18 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death _____
Chronic Myocardite
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Preston Co., W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Elishia Cale
 13. Birthplace No Data W. Va.
(City, town, or county) (State or foreign country)

14. Maiden name No Data
 15. Birthplace No Data W. VA.
(City, town, or county) (State or foreign country)

16. (a) Informant (son) Charles Shaw

(b) Address Oronogo Mo.

17. (a) Burial (b) Date thereof 5/21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director W. J. Deans
 (b) Address Webb City Mo.

19. (a) MAY 20; 46 (b) _____
(Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury 2
 23. Signature C. J. Greason (M. D. or other) _____
 Address Webb City Mo. Date signed 5/20/46

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

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46-5-434

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. *4403*

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.