V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1946

State File No. 22800

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 836

1. PLACE OF DEATH:
(a) County Buchan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stab Hosp Gr 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Mo 16 da (Specify whether
In this community 9 mo. 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Caldwell
(c) City or town Hamilton
(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)
If yes, name country

3. (a) PRINT FULL NAME Betty Shaw
3. (b) If veteran, name war ----
3. (c) Social Security No. no
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Frank G Shaw
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Apr (Month) 16 (Day) 1869 (Year)

8. AGE: Years 77 Months 3 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace ---- Ky (City, town, or county) 1 (State or foreign country)
10. Usual occupation House Mfr
11. Industry or business -----
FATHER
12. Name Joseph White
13. Birthplace ---- Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Neth Sharp
15. Birthplace -0- (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant Dwight Dowtze
(b) Address Hamilton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 22 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Mo
18. (a) Signature of funeral director Brown Funeral Home
(b) Address Hamilton Mo.
19. (a) July 24-1946 (Date received local registrar) R J Kestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 440 minute 0 M.
21. I hereby certify that I attended the deceased from Oct, 1945, to July 20, 1946; that I last saw her alive on July 20, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac complications with Toxic Goiter	
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.

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 L. S. Shuck (M. D. ~~Coroner~~)
Address St Joseph Mo Date signed 7/20/46

34 (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 R. J. O'Brien

Licensed Embalmer No. 3052

P. O. Address Hamilton 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.