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 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24085

Registration District No. 763 Primary Registration District No. 3031 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 710 East Stone
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 4 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 710 East Stone
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ethel Shaw

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 2

5. Color or race Negro

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

6. (b) Name of husband or wife Edward Shaw

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 6 (Month) - 1890 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	11	hr. min.

9. Birthplace ? (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Martin
13. Birthplace ? (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name ~~XXXXXX~~ Adeline Green
15. Birthplace ? (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Addie Scott

(b) Address 710 E. Stone, DeSoto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1946 (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 8/3/46 (Date received local registrar) (b) Marie Farris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from May 1, 1946 to July 17, 1946 that I last saw her alive on July 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to arteriosclerosis	unknown
Due to Hypertension	"
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

940

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 J. P. Engels (M.D. or other) DO

Address DeSoto, Mo. Date signed 7-20-46

146

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 6-46-101
Date Filed 6-8-46

APR 29 1959

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. J. W. Mothershead

Licensed Embalmer No. 3531

P. O. Address. DeSoto 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.