

FILED SEP 5 1946

Registration District No. 5389 100

Primary Registration District No. 5389 4556

Registrar's No. 57

1. PLACE OF DEATH:

(a) County DENT
(b) City or town BUNKER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
(Specify whether
In this community -
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DENT
(c) City or town BUNKER
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTHA ANN SHAW

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife CHARLEY SHAW 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased AUG 20 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business -

MOTHER FATHER

12. Name William LIVINGSTON
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name SUSAN MARTIN
15. Birthplace TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Ed. Shaw
(b) Address BUNKER, MISSOURI

17. (a) BURIAL (b) Date thereof 7-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLY CEM.

18. (a) Signature of funeral director [Signature]
(b) Address SALEM, MO.

19. (a) 8-4-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29
year 1946 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from July 25 to July 29, 1946
that I last saw her alive on July 29, 1946
and that death occurred on the date and hour stated above
Immediate cause of death Heart attack Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature L. L. Henson (M. D. or other)

Address BUNKER, MO. Date signed 8-2-46

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..... *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address..... *Salem, Me.*

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.