

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

1. PLACE OF DEATH:

(a) County Demarest

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

(c) Name of hospital or institution: _____
(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 Demarest

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Shaw

3. (b) If veteran, name war Baby

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 16 year 1947 hour 9 minute 0 A.M.

4. Sex 9 5. Color or race col 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5-15-1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 13, 1947, to May 13, 1947 that I last saw her alive on May 13, 1947 and that death occurred on the date and hour stated above.

8. **AGE:** Years _____ Months _____ Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Inanition (cause unknown) 10 days

Due to _____

Due to _____

9. Birthplace Wardlee mo Rural
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____

Major findings: Of operations _____ Of autopsy _____

MOTHER, FATHER

11. Industry or business Baby

12. Name Simpson Babo

13. Birthplace Jesse
(City, town, or county) (State or foreign country)

14. Maiden name Ola Shaw

15. Birthplace Ark
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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16. (a) Informant George Enock
(b) Address Wardlee mo

22. If death was due to external causes, fill in the following:

17. (a) _____ (b) Date thereof 5/16/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardlee mo

(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? _____

18. (a) Signature of funeral director Mother
(b) Address Wardlee mo

(Specify type of place) _____ (Specify means of injury) _____

While at work? _____

19. (a) 5/16/47 (b) Mrs H. Gullett
(Date received local registrar) (Registrar's signature)

23. Signature H. Gullett (M. D. or other) _____
Address Wardlee Date signed May 17 1947

6-47-175

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.