No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34666

Registrar's No. 4331

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS. CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4334 COLLEGE AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — (Specify whether
In this community 5 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS. CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4334. COLLEGE AVENUE 8
(If rural, give location) 0

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

If yes, name country ENGLAND

3. (a) PRINT FULL NAME DR. HARRY SHAW

3. (b) If veteran, name war WARLD WAR I

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased APRIL 10 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	6	2	..... hr. ..... min.

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

10. Usual occupation RETIRED NAVY MEDIC

11. Industry or business LT. COMMANDER 12 YRS.

FATHER
12. Name ELKANAH SHAW
13. Birthplace LANCONSHIRE ENGLAND
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZA TURNER
15. Birthplace LANCONSHIRE ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIS I. SHAW

(b) Address 4334 COLLEGE AVENUE

17. (a) BEDROCAL (b) Date thereof 10-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ WORCESTER, MASS.

18. (a) Signature of funeral director D. W. NEWCOMER'S SONS

(b) Address 1401 Brush Creek Blvd. K.C. MO.

19. (a) 10-14-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 12TH
year 1947 hour 12 minute 30A M.

21. I hereby certify that I attended the deceased from Sept 18 47, 19..., to Oct 12, 1947
that I last saw h~~e~~ alive on Oct 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of face	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 53	
Of autopsy	

PHYSICIAN

Underline the cause of 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 R. L. St Clair (M. D. ~~or other~~)

Address 5242 St John Date signed 10/13-47

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2-5

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. D. D. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles

State File No.
Local Registrar's No. 4331

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3d day of November, 1947, before me appears Grazia L. H. Shaw, who, upon her oath, states that the original record of ~~birth~~ death for Harry Shaw, ~~born~~ died October 12, 1947, in the State of Missouri, and which was filed at Kansas City on Oct. 14, 1947, should be corrected as follows:

Item No. 2 (a) (State) should read Massachusetts
Instead of Missouri

Item No. 2 (b) (County) should read Worcester
Instead of Jackson

Item No. 2 (c) (City) should read Northbridge
Instead of Kansas City

Item No. 2 (d) (Street No.) should read Shaw's Corner
Instead of 4334 College

Item No. 9 & 13 should read Lancashire
Instead of Lanconshire

Item No. 15 Linconshire
Lanconshire

Item 11 should be: Commissioned Officer in Navy since 1902.

Item No. 6 (a) should read Married
Instead of Divorced

Item No. 6 (b) should read ~~Grazia Shaw~~ (Grazia L. H. Shaw)
Instead of Unknown

Item No. 6 (c) should read 67
Instead of Unknown

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Grazia L. H. Shaw wife
Relationship.

15233 De Pauw St. Pacific Palisades, Calif.
Present Address.

Subscribed and sworn to before me this 3d day of November, 1947.

My Commission expires May 9, 1949

Milan E. Ryan, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
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