S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43485
Registrar's No. 11128

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Illinois~~ Mo (b) County
(c) City or town Caruthersville, ~~Ill~~ Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 920 Beckwith Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vernon Lee Shaw
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife DOTTIE SHAW
6. (c) Age of ~~husband~~ or wife if alive 37 years
7. Birth date of deceased MAY (Month) 16 (Day) 1909 (Year)

8. AGE: Years 38 Months 6 Days 25 If less than one day hr. min.

9. Birthplace NEWBORN (City, town, or county) TENN (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business —

FATHER
12. Name D. L. SHAW
13. Birthplace — (City, town, or county) ALA. (State or foreign country)

MOTHER
14. Maiden name EMMA PAUL
15. Birthplace WALNUT (City, town, or county) MISS. (State or foreign country)

16. (a) Informant MRS DOTTIE SHAW
(b) Address CARUTHERSVILLE MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation CARUTHERSVILLE
18. (a) Signature of funeral director Rowland Mortuary Ser
(b) Address 4355 Washington
19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Dredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Oct 18, 47 to Dec 11, 1947 that I last saw him alive on Dec 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Colon — Duration 1 yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Adenocarcinoma of Colon
Of autopsy None

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 J. R. Bulley (M. D. or other)
Address Barnes Hospital Date signed 12-11-47

Jefferson City Printing Co.
(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 Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis 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.