FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. 188

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4420

Primary Registration District No. 3018

Registrar's No. 17

1. PLACE OF DEATH:

(a) County: Dent

(b) City or town: Salem (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: X (Specify whether years, months or days) In this community: number of years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dent

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

(d) Street No.: X (If rural, give location)

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

If yes, name country: X

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3. (a) PRINT FULL NAME: Emma Oneal Shaw

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: female 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: John Shaw

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

7. Birth date of deceased: July (Month) 14 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
65	6	17	hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 6

10. Usual occupation: housewife

11. Industry or business: X

MOTHER FATHER

12. Name: Jessie Chapman

13. Birthplace: unknown (City, town, or county) (State or foreign country) 9

14. Maiden name: Minervia Chapman

15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs Bedwell

(b) Address: Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2/2/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Greeley

18. (a) Signature of funeral director: Carl Spencer

(b) Address: Salem Mo

19. (a) 2-2-48 (Date received local registrar) (b) M. M. Hart M.D. (Registrar's signature) X 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/31/48 day 11:30 AM year hour minute M.

21. I hereby certify that I attended the deceased from Not seen alive 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	?

Major findings:
Of operations:
Of autopsy: 97

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: M. M. Hart (Coroner) (M. D. or other) M.D.

Address: Salem Mo Date signed: 9/14/48

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Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 348138
Date Filed 3-4-48

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 Carl K [illegible]

Licensed Embalmer No. 9320

P. O. Address Salem 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.