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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948

Registration District No. 119

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36866

Registrar's No. 4855

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 3 days (Specify whether
In this community 28 years
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. 3918 Harrison 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Robert J. Shaw

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Jane Frances Shaw

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

7. Birth date of deceased Jan. 18, 1862 (Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Fort Leavenworth, Kas. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business Jones Store

FATHER
12. Name Simon Shaw
13. Birthplace ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Markey
15. Birthplace No record 7
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Maree Shaw 1

(b) Address 3918 Harrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director Thomas E. Quirk Funeral Home

(b) Address 4316 Troost Ave.

19. (a) 11-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct. 23, 1948, to Nov. 26, 1948;
that I last saw him alive on Nov. 26, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to	
Due to	
Other conditions Fracture left hip (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1000 18
Of autopsy None

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) Accident 123

(b) Date of occurrence Nov. 21, 1948

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Wm. W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. 11-26-48 Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hunt

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 Thomas E. Fu...

Licensed Embalmer No. 3773

P. O. Address K. C. M...

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.