DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1230

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Mercey Hospital (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) One

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Lee Summit Mo (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Patricia Shaw

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) (Day) 1937 (Year)

8. AGE: Years 2 Months 6 Days — If less than one day ___ hr. ___ min.

9. Birthplace Lee Summit (City, town, or county) Mo (State or foreign country)

10. Usual occupation Baby

11. Industry or business —

FATHER
12. Name Rex Shaw
13. Birthplace Mo (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Edith
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E K Geo & Son

(b) Address Belton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Belton Cemetery

18. (a) Signature of funeral director E K. Geo & Son

(b) Address Belton Mo

19. (a) Jan. 16, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 40 hour 6 minute 56 A.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcic laryngo-

Due to stracheo bronchitis

Due to Bronchopneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)

(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 (Specify type of place) (Means of injury) 5

23. Signature [signature] (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.