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FILED MAY 13 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15846

Registration District No. 719

Primary Registration District No. 5950

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Elm Township
(c) Name of hospital or institution: Rural
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Margaret Elizabeth (Bettie)
(b) If veteran, name war
(c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widow
(b) Name of husband or wife Henry Clay Shaw
(c) Age of husband or wife if alive years
7. Birth date of deceased Missouri
(Month) 10 (Day) 1870 (Year)

8. AGE: 69 Years 10 Months 27 Days
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name Jacob Tietzort
13. Birthplace Indiana
14. Maiden name Della Admire
15. Birthplace Missouri

16. (a) Informant Goodman Shaw
(b) Address 19644 andover detroit mich

17. (a) Burial (b) Date thereof May 9-40
(c) Place: burial or cremation Brasfield

18. (a) Signature of funeral director F.O. Austed & Son
(b) Address Unionville, Mo.

19. (a) Date received local registrar May 8
(b) Registrar's signature Marnie Martin

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo County Putnam
(b) City or town Worthington
(c) Street No.
(d) Street No.
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH: Month May day 7-1940
year hour 10 15 minute A.M.

21. I hereby certify that I attended the deceased from May 1, 1940 to May 3, 1940
that I last saw him alive on May 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Injury
Due to Fracture arm
Due to concussion of brain

Other conditions
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury

23. Signature Dr. W. L. Laughlin
Address Date signed May 8

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

210 W
95

RECEIVED

District Health Officer No. 10

District File Number 5-40-1006

Date Filed MAY 10 1940

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

working under my personal supervision. _____ Registered Apprentice No. _____

Signed

Murl E. Kusted

Licensed Embalmer No.

3304

P. O. Address

Imperial Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

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State File No. 15846

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 719

Primary Registration District No. 5950

Registrar's No.

1. PLACE OF DEATH
 (a) County Putnam
 (b) City or town Elm T. P.
 (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
 In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (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 Margaret Elizabeth B Shaw
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month May day 7
 year 1940 hour _____ minute _____ M.

4. Sex 7
 5. Color or race w
 6. (a) Single, widowed, married, divorced wed
 6. (b) Name of husband or wife _____
 6. (c) Age of husband, or wife, if alive _____ years
 7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____, to _____ 19 _____, that last saw him _____ alive on _____ 19 _____, and that death occurred on the date and hour stated above.
 Immediate cause of death Injury
 Hands accident

8. AGE: Years Months Days If less than one day
 69 10 27 _____ min.

Due to Fracture arm
 Concussion of brain
 Due to Collision with fixed object
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER {
 12. Name _____
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations FID W
 Of autopsy 77
 Underline the cause to which death should be charged statistically.

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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?
 While at work? (Specify type of place) (r) Means of injury.
 23. Signature Gus M. Laughlin (M. D. or other)
 Address Hiramville Mo Date signed

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

SUPPLEMENTAL

