

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21622

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 255
 (b) Township Jefferson Primary Registration District No. 5357
 (c) City or Town Jefferson (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Albert Shaw
 (a) Residence, No. Jefferson Township, Daviess, Co. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Shaw (Deed)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/8/1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Andrew Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Anna Kerns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Leslie Minor
R. F. D # Weatherby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope, 4 Miles DATE 6/28/40, 1940

South Of Pattonsburg, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. S. ...
Pattonsburg, Mo.

20. FILED 6/28, 1940 W. K. ...
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 26, 1940
 I last saw him alive on June 26, 1940 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of Coronary
nephrates Date of onset

Other contributory causes of importance: 131

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) F. Gary ..., M. D.
 (Address) Pattonsburg

RECEIVED

District Health Officer No. 11;

District File Number 740-1750

Date Filed JUL 17 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed E. S. Grover

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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, above space should be left blank.