No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8367

ED MAR 19 1941

Registration District No. 837

Primary Registration District No. 4508

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Stoddard 103
(c) City or town Bloomfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CALVIN A. SHAW

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Shaw, deceased.

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

7. Birth date of deceased June 26, 1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 18 If less than one day ____ hr. ____ min.

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

10. Usual occupation Cappenter

11. Industry or business

MOTHER FATHER
12. Name Calvin Shaw
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Stephenson
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Adams
(b) Address 1332 N. 52nd E.St. Louis, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) Feb. 28, 1941 (Date received local registrar) (b) Joonie Tunch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from JAN. 11, 1941, to FEB. 11, 1941, that I last saw him alive on FEB. 11, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SENILE DEBILITY	
Due to	
Due to	
Other conditions INFLUENZA (Include pregnancy within 3 months of death)	3 WKS.

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature R. L. Davis (M. D. or other) D.O.
Address BLOOMFIELD Date signed 2-17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-322
Date Filed 3/10/46

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 Leon Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

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

If this body is not embalmed, fact should be so stated above.