

Registration District No. 158

Primary Registration District No. 5423

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural (Raymore Township)  
(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 5 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Bellton, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Wesley Shaw

8. (b) If veteran,  (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Teresa Ann Shaw 6. (c) Age of husband or wife if alive 73 years

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

8. AGE: Years 79 Months 2 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name David G. Shaw

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mance Leman

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mark Shaw

(b) Address Bellton Mo.

17. (a) Burial (b) Date thereof April 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellton Mo.

18. (a) Signature of funeral director E. F. Boomer & Sons

(b) Address Bellton Mo.

19. (a) 3-31-41 (b) R. M. Miller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from March 10  
1941 to March 30 1941.  
that I last saw him alive on March 30 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis  
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? \_\_\_\_\_  
(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 Mark Shaw (M. D. or other) MD  
Address Bellton, Mo Date signed 4/1/41

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

900  
WRITE PLAINLY—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 A. R. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.**