

FILED MAY 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14018

Registration District No. 89

Primary Registration District No. 3007

State File No.

Registrar's No. 171

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Paplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Paplar Bluff Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 HOURS  
(Specify whether  
In this community  years, months or days)

8. (a) PRINT FULL NAME  (Unnamed) - Shaw

3. (b) If veteran, name war  8. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased 4 (Month) 15 (Day) - 41 (Year)

8. AGE: Years Months Days If less than one day 4 hr.  min.

9. Birthplace Paplar Bluff (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Jack Shaw

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

14. Maiden name Steen Mitchell

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

16. (a) Informant Jack Shaw

(b) Address Paplar Bluff

17. (a) Burial (b) Date thereof 4-15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas - Mo.

18. (a) Signature of funeral director None

(b) Address 88

19. (a) 4/17/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12  
(c) City or town Paplar Bluff 7  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1941 hour 7 minute 45 A. M.

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

Immediate cause of death Respiratory Failure  
Due to Prematurity 6 1/2 months  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 1/2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature A. C. Hi Porter (M. D. or other) CM, D  
Address Paplar Bluff, Mo. Date signed 4-15-41

(Licensed Embalmer's Statement on Reverse Side)

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

2  
7  
3

RECEIVED

District Health Officer No. 2,

District File Number 5-41-614

Date Filed 5/14/41

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**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 with the above constitutes grounds for revocation of license.)**

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