

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X26390

15121

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 9 1942

6269

Registrar's No. 5

Registration District No. 920

Primary Registration District No. ....

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

1. PLACE OF DEATH: Ozark

(a) County: Ozark

(b) City or town: Rural - Pontiac Mo

(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: 55 yrs (Specify whether years, months or days)

In this community: /

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ozark

(c) City or town: Rural - Pontiac (If outside city or town limits, write "RURAL")

(d) Street No. / (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: David H. Shaw

3. (b) If veteran, name war: /

3. (c) Social Security No. /

4. Sex: male

5. Color of race: White

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

6. (b) Name of husband or wife: Nancy Mahan

6. (c) Age of husband or wife if alive: / years

7. Birth date of deceased: July 25 1879 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 11 If less than one day hr. min.

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

10. Usual occupation: Farming

11. Industry or business: Robert Shaw

12. Name: Robert Shaw

13. Birthplace: not known

14. Maiden name: Emily Gaunce

15. Birthplace: not known

16. (a) Informant: Jane J. Shaw

(b) Address: Gainesville Missouri

17. (a) Burial (b) Date thereof: April 7, 1942 (c) Place: burial or cremation: Pontiac Cemetery

18. (a) Signature of funeral director: Climbrough and Furniture Gainesville, Mo.

(b) Address: /

19. (a) 4-6-42 (b) Margaret Hutchinson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5<sup>th</sup> year 42 hour / minute M.

21. I hereby certify that I attended the deceased from January 15<sup>th</sup> 1942 to April 5<sup>th</sup> 1942 that I last saw him alive on April 4<sup>th</sup> 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia, primary Duration 1 year

Due to: Liver extract was 2 No avail in the treatment of this Case. Further particulars may be had by writing me for them.

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

Major findings: Of operations: 738

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? /

While at work? / (Specify type of place) (e) Means of injury: 2

23. Signature: M. J. Noerman (M. D. or other) DO Address: Gainesville, Mo Date signed: 4/6/42

1584 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 542-653

Date Filed MAY 7 1942

---

---

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville Va

**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, fact should be so stated above.**