

FILED JUL 10 1942 53

Primary Registration District No. 5864

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Rural - Hayti
(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 yes
In this community yes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural - Hayti
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilbert Shaw

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

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Shaw 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased: (Month) 9 (Day) 23 (Year) 41

8. AGE: Years 8 Months 25 Days 5 If less than one day hr. min.

9. Birthplace Pemiscot Co. Mo (City, town or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name of father Levester Shaw

13. Birthplace of father Lexington Miss (City, town or county) (State or foreign country)

14. Maiden name of mother Lillian Shaw

15. Birthplace of mother Berkshire Miss (City, town or county) (State or foreign country)

16. (a) Informant Alice Cooper (b) Address Hayti Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Netherland Mo.

18. (a) Signature of funeral director Smith F. Hill (b) Address Hayti Mo

19. (a) 6-19-42 (Date received local registrar) (b) Mrs. A. H. Shirey (Registrar's signature) (c) Hayti Mo (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 2 minute 18 M.

21. I hereby certify that I attended the deceased from June 17-42 to June 18-42 and that death occurred on the date and hour stated above.

Immediate cause of death Agentry Duration 2 Wks

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy No

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 L. D. Denton (Specify type of place) (e) Mechanism of injury

23. Signature L. D. Denton (M. D. or other) Mo
Address Hayti Mo Date 6/18/42

7-42-6

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.....

Not embalmed, 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, fact should be so stated above.