V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

48
4
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24510

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 197

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Cty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 E. Farmer St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48.
(c) City or town Independence 4
(If outside city or town limits, write "RURAL") 4
(d) Street No. 217 E. Farmer
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES B. SHAW

3. (b) If veteran, name war World's War 3. (c) Social Security No. 496-10-2078

4. Sex Male 2 5. Color or race Cal. 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased Sep. (Month) 29 (Day) 1896 (Year)

8. AGE: Years 45 ~~46~~ Months 9 Days 27 If less than one day hr. min.

9. Birthplace Paducah (City, town, or county) Ky. 1 (State or foreign country)

10. Usual occupation Musician

11. Industry or business Night Club

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

MOTHER
14. Maiden name Ada Banks
15. Birthplace Henry Co. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mary E. Holmes
(b) Address 217 E. Farmer St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director C. E. Davis
(b) Address Independence, Mo.

19. (a) 7-30-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 42 hour 7:30 A minute M.

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

Immediate cause of death Chronic hypertensive myocarditis

Due to

Due to Acute pulmonary edema

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Surface

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

23. Signature [illegible] (M. D. or other)
Address Date signed 7/28/42

1103 (Licensed Embalmer's Statement on Reverse Side)

P1

AUG 1 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 L. J. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K. C. 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, fact should be so stated above.