S. No. 2
M—5-42
. 5-7-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6502

FILED MAR 1 1943

Registration District No. 1740

Primary Registration District No. 5544

Registrar's No. 11

45

1. PLACE OF DEATH:

(a) County HOWARD

(b) City or town RURAL, Burton 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 (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard

(c) City or town Fayette
(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 0

3. (a) PRINT FULL NAME Moss Haggard Shaw

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 13 (Day) 1866 (Year)

8. AGE: Years 76 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Boone County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired FARMER

11. Industry or business

FATHER
12. Name John W Shaw
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarett Haggard
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Earnest Foley
(b) Address Fayette Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-43 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Meyer Chapel

18. (a) Signature of funeral director C. L. Feland
(b) Address Higbee Mo.

19. (a) 2-12-43 (Date received local registrar) (b) Ernest McMillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1943 hour 6 P.M. minute A. M.

21. I hereby certify that I attended the deceased from Feb. 12 1943 to Feb. 12 1943 that I last saw him alive on — 19 and that death occurred on the date and hour stated above.

Immediate cause of death Injury to base of Brain Sudden — Duration

Due to Accident

Due to unknown

Other conditions none known
(Include pregnancy within 3 months of death)

Major findings:
Of operation
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)~~ 045

(b) Date of occurrence Feb. 12-43

(c) Where did injury occur? Rail Road (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Road R. way (Specify type of place)

While at work? No (e) Means of injury unknown

23. Signature J. E. Richards (M.D. or other)

Address Fayette Date signed 2-12-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-10-43

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.

V. S. No. 2B
10M—8-21-41
[redacted] X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 65-02

Registration District No. ____ Primary Registration District No. 5544 Registrar's No. ____

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Rural
(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 ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Howard
(c) City or town: Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mass H Shaw
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Mar
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct 13 - 1867 (Month) (Day) (Year)
8. AGE: Years 76 Months 3 Days ____ If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) ____ (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
MOTHER FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1943 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Injury to base of brain	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) Cause UNKNOWN.
(b) Date of occurrence 12 - Feb - 1943.
(c) Where did injury occur? Burton Howard Mo (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? MKT. R.R. Between Burton + Russell (Specify type of place)
While at work? NO (c) Means of injury UNKNOWN
23. Signature Loyd H Clevenger Coroner (Attending physician or coroner)
Address 30 North Hubbard St. Date signed 4-6-43

SUPPLEMENTARY

1952