

FILED JAN 5 1944

Registration District No. 197

Primary Registration District No. 1002

Registrar's No.

5424

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Conley's Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Rural Grandview
(If outside city or town limits, write "RURAL")

(d) Street No. 3 MI NORTH GRANVIEW
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Beulah Lois Shaw

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th
year 1943 hour Three minute five P.M.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Marion Shaw

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan 3, 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 17th 1943, to Dec 18th 1943

that I last saw her alive on Dec 18th 1943
and that death occurred on the date and hour stated above,

8. AGE: Years 41 Months 11 Days 18
If less than one day hr. min.

Immediate cause of death myocarditis Duration

Due to Hypostatic pneumonia

Due to 930

Other conditions 930
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name W. T. Hudson

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

14. Maiden name Dora Hartley

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

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? _____

16. (a) Informant Marion Shaw

(b) Address Grandview, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 43
(Month) (Day) (Year)

(c) Place: burial or cremation Belton? Mo. Cemetery

18. (a) Signature of funeral director E. H. George

(b) Address Grandview, Mo.

19. (a) 12-20-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

23. Signature Richard W. Bell (M. D. or D.O.)
Address 2105 South Ave., N.E. Mo. Date signed 12-18-43

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

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

MOTHER FATHER

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandmont 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, above space should be left blank.