

No. 2
1-4-41
5-17-39
X 26390

Registration District No. **122846**

Primary Registration District No. **5466**

39
0
0
4312
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Burns S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Ozark Osteopathic Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days** (Specify whether)

In this community **0**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright**

(c) City or town **Manfield, Rebel Co.**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rt. 3**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM H. SHAW**

(b) If veteran, name war **UNK.**

(c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February**, year **1946**, hour **2**, minute **35 PM**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Louvenia Shaw** alive **68** years

7. Birth date of deceased: **September 1, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 25, 1946** to **February 4, 1946**
that I last saw him alive on **February 4, 1946**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
75	5	3	hr. min.

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

Immediate cause of death _____

Due to **Uremia**

Due to **Asystole of the heart**

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **John Shaw**

13. Birthplace **UNK. Tenn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **UNK.**

15. Birthplace **UNK. 9**
(City, town, or county) (State or foreign country)

Major findings: **1370**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Irvin Shaw**

(b) Address **Manfield Rt. 3**

17. (a) BURIAL (b) Date thereof **2-10-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dist. # 3 C.M.**

18. (a) Signature of funeral director **W. Stuffle**

(b) Address **Manfield Mo.**

19. (a) 2-7-46 (b) **W. H. Handley**
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature **W. H. Handley** M. D. or other _____

Address **Manfield Mo.** Date signed **2/4/46**

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: F.A. Steffe

Licensed Embalmer No. 3221

P. O. Address Wansford, 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.

X