

STANDARD CERTIFICATE OF DEATH

State File No. 26622

Registration District No. 75

Primary Registration District No. 3012

Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: Cozy Wook Nursing Home, Cameron, MO.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months  
(Specify whether)

In this community Lifetime  
years, months or days)

3. (a) PRINT FULL NAME MRS. MARY B. Shaw

3. (b) If veteran, name war L

3. (c) Social Security No.         

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased: April 16 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 3 29 ✓ hr. ✓ min.

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

10. Usual occupation House wife

11. Industry or business         

MOTHER FATHER

12. Name John White Law

13. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Neill

15. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant MABEL S. Shaw

(b) Address Morland, Kansas

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

(c) Place: burial or cremation Burial - Killer, MO.

18. (a) Signature of funeral director J.F. Poland

(b) Address 222 W. 30th Cameron, Mo.

19. (a) Aug 16 46 (b) Mrs. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

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

(d) Street No. 517 N. Godfrey  
(If rural, give location)

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

If yes, name country         

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1946 hour          minute 30 AM.

21. I hereby certify that I attended the deceased from 3 Aug 1946 to 14 Aug 46  
that I last saw him alive on 14 Aug 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration         

Due to Generalized arteriosclerosis

Due to Chronic Venular Thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 929

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)         

(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) (c) Means of injury         

23. Signature          (M. D. or other)         

Address          Date signed

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Blair Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Cameron, 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.**