

FILED FEB 10 1947
Registration District No. 375

Primary Registration District No. 6279

Registrar's No. 7

1. PLACE OF DEATH:

(a) County WRIGHT
(b) City or town RASONDALE TWP - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 yrs
years, months or days

3. (a) PRINT FULL NAME ERVIN MAX SHAW

3. (b) If veteran, name war NONP 3. (c) Social Security No. NONP

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCIS SHAW 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased APR 11 13 1915
(Month) (Day) (Year)

8. AGE: Years 31 Months 9 Days 10 If less than one day hr. _____ min. _____

9. Birthplace HANCOCK CO TENNESSEE
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM N SHAW
13. Birthplace HANCOCK Co, TENN.
(City, town, or county) (State or foreign country)
14. Maiden name LOUVYNA HATFIELD
15. Birthplace HANCOCK Co, TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant Nessie Moles

(b) Address Manfield MO

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

(c) Place: burial or cremation DIST. 5 Sem. Twp

18. (a) Signature of funeral director G.A. Stoffe

(b) Address MANFIELD MO

19. (a) Jan. 28, 1947 (b) E. Garner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT
(c) City or town RASONDALE TWP - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. EMILY S NORTH OF MANFIELD RD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 23
year 1947 hour _____ minute 5 A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death suicide from self inflicted shot-gun wound in forehead - practically entire top of head off. Duration _____
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 16

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) Suicide
(b) Date of occurrence Jan 23, 1947
(c) Where did injury occur Manfield - MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In barn on farm

(Specify type of place) While at work? 1 (b) Means of injury 6 ga. S. gun

23. Signature Ervin Max Shaw (Name of Deceased)
Address Manfield MO Date signed 1/28/47

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

RECEIVED

District Health Officer No. 6,

District File Number 247-177

Date Filed FEB 2 1917

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 J. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manifield 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.