S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 9391

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1578

**1. PLACE OF DEATH:**

(a) County JACKSON

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

(c) Name of hospital ~~or institution~~: TRINITY HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 4 DAYS (Specify whether

In this community 28 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3

(d) Street No. 3816 COLLEGE AVENUE (If rural, give location) 8

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. DOLLIE L. BAFY SHAW

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. DONALD BOSTWICK SHAW

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

7. Birth date of deceased NOVEMBER (Month) 20 (Day) 1866 (Year)

8. AGE: Years 80 | Months 4 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace ROCK ISLAND (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ------

12. Name GEORGE EDWARD BAILEY

13. Birthplace NORTH TROY (City, town, or county) VERMONT (State or foreign country)

14. Maiden name ELIZA KATHERINE HARDING

15. Birthplace WASHINGTON COUNTY (City, town, or county) IOWA (State or foreign country)

16. (a) Informant MR. GEORGE BAILEY SHAW

(b) Address 3816 COLLEGE AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 5-1947 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ CHIPANOCH CEMETERY ROCK ISLAND, ILLINOIS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 4-5-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 4TH year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar-30-, 1947 to Apr-4-, 1947 that I last saw her alive on April-4-, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Bronchopneumonia | 4 days |
| Cerebral Sclerosis | 2 yrs |
| Due to Generalized Arteriosclerosis | 10 yrs |
| Due to Chr Nephritis | 5 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Of operations 131 a

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Carl H. Brush (M. D. or other)

Address 106 W 14th St KC Mo Date signed Apr 5 47

(Licensed Embalmer's Statement on Reverse Side)

10: 30 [illegible]

## 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 Bernard L. Loran

Licensed Embalmer No. 4250

P. O. Address K.C. 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.**

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 9341-11
Local Registrar's No. 1578-47

On this 1st day of June, 1949, before me appears George B. Shaw, who, upon his oath, states that the original record of ~~birth~~ death for Dollie Shaw died ~~born~~ April 4, 1947, in the State of Missouri, and which was filed at K C Mo of 4-5-, 1947 should be corrected as follows:

Item No. 3 should read Dollie B. Shaw
Instead of Dollie Shaw

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant George B. Shaw
Son
Relationship.

3816 College K.C. Mo.
Present Address.

Subscribed and sworn to before me this 1st day of June, 1949.

My Commission expires Oct. 21. 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
1' X36667