. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13231

Registration District No. 1188 Primary Registration District No. 5466 Registrar's No. 281

39 0 0

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield – Rural S. Campbell Hosp. (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 5 days (Specify whether years, months or days)
In this community 5 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DADE 29
(c) City or town GREENFIELD 1 (If outside city or town limits, write "RURAL")
(d) Street No. NONE 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Nicholas S. Shaw
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Elizabeth Shaw
6. (c) Age of husband or wife if alive Not alive
7. Birth date of deceased July (Month) 28 (Day) 1868 (Year)
8. AGE: Years 78 Months 9 Days 25 If less than one day — hr. — min.
9. Birthplace Greenfield, Missouri (City, town, or county) O (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER 12. Name Joe Shaw
FATHER 13. Birthplace Dade County, Missouri (City, town, or county) O (State or foreign country)
MOTHER 14. Maiden name Nancy Duncan
MOTHER 15. Birthplace Dade County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mr. Roy Thomason
(b) Address 905 South Weaver
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation GREENFIELD CEMETERY
18. (a) Signature of funeral director Sam E. Samaney Jr.
(b) Address Greenfield Mo.
19. (a) 4-1-47 (Date received local registrar) (b) M. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1947 hour 8:45 pm minute M.
21. I hereby certify that I attended the deceased from 3-20-1947 to March 25, 1947; that I last saw him alive on March 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Hypertrophy Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death) Superpublic 3-24-1947	
Major findings: Of operations Hypertrophy Prostate	
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 2 ✓
23. Signature William O. Thomason (Relationship or title) (brother)
Address Springfield Date signed 3/25/47

(Licensed Embalmer's Statement on Reverse Side)

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.....Sam E. Sensenney Jr

Licensed Embalmer No.....4099

P. O. Address.....Greenfield, 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.