S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41922

FILED DEC 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5197

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: K.C.Gen.Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 5 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")

(d) Street No. 520 West 12th St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ruby E. Shaw

3. (b) If veteran, name war No

3. (c) Social Security No. 491-10-2119

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Arthur L. Shaw

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 1 3 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	11	6	hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Lady

11. Industry or business Jones Store Company

FATHER
12. Name S.P.Swaeringen
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Lafon
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester Houchens
(b) Address Hannibal, Missouri

17. (a) Removal (b) Date thereof 12-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem. St.Joseph,Mo.

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri.

19. (a) 12-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-8-47, 19..., to 12-9-47, 19...;
that I last saw her alive on 12-9-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral vascular hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
Of autopsy None

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. W. Hart M.D.
Med. Dir. K.C.Gen.Hosp. K.C.Mo. (M.D. or other)
Address Date signed 12-10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1949

APR 24 1958

APR 24 1959

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: Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn 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.