

No. 2
5-43
5-17-39
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FILED JAN 9 1948

State File No. _____

Registration District No. 174

Primary Registration District No. 30.35

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 56th St 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

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

(d) Street No. 56th St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JACKIE C. SHAW

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1947 hour 10 minute 08 P. M.

21. I hereby certify that I attended the deceased from 9 Oct 47 _____, 19____, to 2 Nov 47 _____, 19____;

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

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 10 - 1947
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE:

Years	Months	Days	If less than one day
		<u>29</u>	hr. _____ min. _____

9. Birthplace Luxington MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER 12. Name Calvin Shaw

13. Birthplace Luxington MO
(City, town, or county) (State or foreign country)

14. Maiden name Mavis O. Kuddel

15. Birthplace Wise MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mavis Shaw

(b) Address Luxington MO

17. (a) Burial (b) Date thereof 11-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington MO

18. (a) Signature of funeral director Garret L. Humpel

(b) Address Luxington MO

19. (a) 10 Dec 47 (b) Mavis O. Kuddel
(Date received local registrar) (Registrar's signature)

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 Joseph Wood (M.D. or other) _____

Address Luxington Date signed 11/8/47

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-8-48

Ward

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

Geo McNear

Licensed Embalmer No.

2983

P. O. Address

London, Ohio

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.