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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED APR 12 1948

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8911  
State File No. \_\_\_\_\_  
Registrar's No. 1361

Registration District No. 149

Primary Registration District No. 1002

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

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:  
1806 Baltimore Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 13 Months years, months or days)

3: (a) PRINT FULL NAME James Edward Shaw  
3: (b) If veteran, name war Child no 3: (c) Social Security No. Child none

4. Sex Male 5. Color or race White 6. (a) Single widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased. Feb. 17 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1 8 hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name James Sylvester Shaw

13. Birthplace Rock Creek, Kansas  
(City, town, or county) (State or foreign country)

14. Maiden name Delores Snyder

15. Birthplace Elk City, Okla.  
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Shaw

(b) Address 1806 Baltimore:K.C. Mo.

17. (a) Burial (b) Date thereof 3-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove:K.C.Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 3-27-48 (b) Aldredine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 18  
(c) City or town Kansas City 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1806 Baltimore Avenue 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th  
year 1948 hour 3:42AM minute \_\_\_\_\_ 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 Broncho pneumonia

Due to Pending

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations \_\_\_\_\_

Of autopsy See Above

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) (a) Means of injury \_\_\_\_\_  
23. Signature J.E. Walker (M. for other) \_\_\_\_\_  
Address 2800 Main \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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 Blaine E. Wright

Licensed Embalmer No. 4075

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**FILED JUN 1 1948**

Registration District No. ....

Primary Registration District No. **1002**

Registrar's No. **1361**

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:  
**1806 Baltimore**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT **James Edward Shaw**  
FULL NAME

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

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address **3-27-48**

19. (a) \_\_\_\_\_ (b) *Sheldine Holmes* \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** Day **25**  
Year **1948** Hour **3** minute **42A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**broncho pneumonia**

Due to **ingestion of fly tox (DDT)**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **see above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **About 3-23-48**

(c) Where did injury occur? **K. C. Jackson, Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

While at work? **no** (Specify type of place) (e) Means of injury **DDT poison**

23. Signature **A. E. Upsher** \_\_\_\_\_ (M. D. or other)

Address **2800 Main** \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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