

FILED JUN 16 1948

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 90

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTGOMERY
(c) City or town NEW TRUXTON
(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 _____

3. (a) PRINT FULL NAME BEVERA SHAW

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIAM H. SHAW 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: MARCH 29 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM COPE
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name LAURA ROTHER
15. Birthplace MONTGOMERY MO. (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM H. SHAW
(b) Address NEW TRUXTON MO.

17. (a) BURIAL (b) Date thereof 5-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of NEW PROVIDENCE CEM

18. (a) Signature of funeral director Alma A. Jones
(b) Address Bellflower Mo.

19. (a) June 3 1948 (b) Date received local registrar (Registrar's signature) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from May 17 1948 to May 18 1948
that I last saw her alive on May 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction Duration 1 wks.
Due to Coronary sclerosis

Other conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: [Signature]
Of operations _____
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?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature G. J. Canty, M.D. (M. D. or other) M.D.
Address St. Charles, Mo. Date signed 5-18-48

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

Date Filed JUN 15 1948

District File Number

District Health Officer No. 9,

NOV 16 1949

RECEIVED

NOV 22 1949

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 Oliver C. Jones

Licensed Embalmer No. 2978

P. O. Address Ball Kover Co.

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.