

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23217**
Registrar's No. **2823**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 48 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 2424 Harrison
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2					
3. NAME OF DECEASED a. (First) AARON		b. (Middle)	c. (Last) SHAW	4. DATE OF DEATH (Month) (Day) (Year) June 30 1951	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-19-80	9. AGE (In years last birthday) 71	10. F UNDER 1 YEAR 11. F UNDER 10 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Dunmore Shaw		13b. MOTHER'S MAIDEN NAME Susan --- Unknown		14. NAME OF HUSBAND OR WIFE Ada Shaw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-16-1987	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle McConnell 2422 Harrison			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of the lung					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-30-1951 , to 6-30-1951 , that I last saw the deceased alive on 6-30-1951 , and that death occurred at 2:55 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Frank Ellis (Degree or title)			23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-3-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-51	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 7-3-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS K. Sterling Bills - Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
E. Sterling Bells

Signed.....
Student Embalmer

Licensed Embalmer No. 3178

P. O. Address 12 1/2 mile S.W.

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.