

JUN 14 1940
Registration District No. 609

Primary Registration District No. 6054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scotland MO
(b) City or town Gorin, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
(c) City or town Gorin Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR 2 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1940 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 20
1939 to Feb 14 1940
that I last saw her alive on Feb 12 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Emboli 2 1/2 hrs.
thrombotic of pelvic veins 3 mo.
Due to inflammatory cond. of pelvis 8 mo.
tuberculous of kidney 1 1/2 yrs.
Due to _____
Other conditions Diabetes 5 yr.
(Include pregnancy within 3 months of death) 21

Duration
2 1/2 hrs.
3 mo.
8 mo.
1 1/2 yrs.
3 yr.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? 805
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E E Helfillan (M. D. or other) 1
Address Memphis Mo Date signed 6-9-40

3. (a) PRINT FULL NAME Hallie Lucille Shacklett Hicks

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife James Hicks 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May 6 (Month) (Day) 1912 (Year)

8. AGE: Years 27 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Scotland County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Shacklett

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

14. Maiden name Little Johnson

15. Birthplace Scotland County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hallie Shacklett

(b) Address Gorin, Mo

17. (a) Burial (b) Date thereof Febr 16, 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Quint Shacklett

(b) Address Gorin Mo

19. (a) 5/11-40 (b) Mrs R E Shacklett (Date received local registrar) (Registrar's signature)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 10811

RECEIVED

District Health Officer No. 10

District File Number 6-40-1120

Date Filed JUN 10 1940

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. O. Banker

Licensed Embalmer No. 1817

P. O. Address Weymouth 3

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, above space should be left blank.