DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22246

State File No. 90

Registration District No. 5102 Primary Registration District No. 5940 5732 Registrar's No. 90

1. PLACE OF DEATH:

(a) County Maries Dry Creek Tow

(b) ~~City or town~~ (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)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Maries

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

(d) Street No. Dry Creek Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME Joel Henry Shackleford

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nora Shackleford

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

7. Birth date of deceased 8 (Month) 7 (Day) 1864 (Year)

8. AGE: Years 75 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Farmer 9

11. Industry or business 9

FATHER
12. Name Joel a Shackleford
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sam Shackleford
(b) Address St Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 30 (Day) 1940 (Year)
(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon Mo.

19. (a) June 1, 1940 (Date received local registrar) (b) A. S. Rick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1940 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/19 1940 to 3/29 1940 that I last saw him alive on 5/28 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to Hypertension	
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.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. J. Crider (M. D. or other)
Address Dixon Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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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 May 29, Registered Apprentice No. ..... working under my personal supervision.

RECEIVED
District Health Officer No. 5,
District File Number 640 641
Date Filed 6640

Signed Fred D Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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, above space should be left blank.