

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **37807**
Registrar's No. **4405**Registration District No. **399**Precinct Registration District No. **1002**

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:
5011 Walnut Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **No.** (Specify whether
 In this community **Unknown** years, months or days)

3. (a) PRINT FULL NAME **Mrs. Florida Lee Hall Shackelford**3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **Dorsey W. Shackelford** 6. (c) Age of husband or wife if alive **dec.** years7. Birth date of deceased **January 7th 1861**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 10 10 br. min.9. Birthplace **Missouri** (City, town, or county) (State or foreign country)10. Usual occupation **at home**11. Industry or business **X**12. Name **Matthew Walton Hall**13. Birthplace **Missouri** (City, town, or county) (State or foreign country)14. Maiden name **Agnes Lester** (City, town, or county) (State or foreign country)15. Birthplace **Missouri** (City, town, or county) (State or foreign country)16. (a) Informant's own signature **Agnes Shackelford Johnson**(b) Address **5011 Walnut St., Kansas City, Mo.**17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11-19-40** (Month) (Day) (Year)(c) Place: burial or cremation **Boonville, Mo.**18. (a) Signature of funeral director **Stine & McClure**(b) Address **3235 Gillham Plaza, K. C., Mo.**19. (a) **11-18-40** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5011 Walnut Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17th**
year **1940** hour **2:35** minute **P** M.21. I hereby certify that I attended the deceased from **Nov 12, 1940**, to **Nov 17, 1940**
that I last saw him alive on **Nov 17-40**, 19...;
and that death occurred on the date and hour stated above.Immediate cause of death **Coronary Thrombosis** Duration **1 da**Due to **Arteriosclerosis**Due to **9/1/3**Other conditions **Paralysis agitans**
(Include pregnancy within 3 months of death)Major findings: Of operations **none**Of autopsy **none**

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) (e) Means of injury _____

23. Signature **Harry H. Jones** (M. D. or other) _____
Address **Kansas City, Mo** Date signed **11-18-40**

Dr. Harry Jones,

R. Plant - R. B. C. J.

112 0 0 0 0

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

E. M. Clark

Licensed Embalmer No. *1848*

P. O. Address

W. 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, above space should be left blank.