No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29647

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 234

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. none (b) County Scotland

(c) City or town Memphis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Daley Shacklett

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex Fe

5. Color or race wh

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Aug 31 (Month) 1942 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 0 min.

9. Birthplace Kirksville (City, town, or county) Mo O (State or foreign country)

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name John D. Shacklett
13. Birthplace Mo (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Goldie B. Crandall
15. Birthplace Mo (City, town, or county) O (State or foreign country)

16. (a) Informant Father
(b) Address Barin Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 31 (Month) 42 (Day) (Year)
(c) Place: burial or cremation Grain

18. (a) Signature of funeral director W. Payne & Sons
(b) Address Memphis, Mo

19. (a) 9/7/42 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 31, 1942, to Aug 31, 1942 that I last saw her alive on Aug 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity Cesarian section	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 E. S. Smith (M. D. ~~or other~~) O
Address Kirksville Date signed 8/31/42

1047

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-1889
Date Filed OCT 12 1942

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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, fact should be so stated above.