No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30455

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O Lee Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45 0 0
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. About 6 miles north of Glasgow (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME KATE SHACKELFORD
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 19 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
70	3	16	hr. min.

9. Birthplace Howard Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife & Clerical
11. Industry or business Work for Alton R.R. Co.
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant James Herring
(b) Address Glasgow Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director Audsley Freemouth
(b) Address Glasgow Mo
19. (a) 9-5-42 (Date received local registrar) (b) Thomas B. Denny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th year 1942 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from 6-5, 1942 to 9-5, 1942 that I last saw her alive on 9-5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung (widow)	6 mo
Due to Carcinoma of breast Primary lesion	2 yrs
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 Wm Bloom (M. D. or other) 4.5
Address Fayette Mo Date signed 9-5-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 16 1942
District Health Officer No. 8,
District File Number
Date Filed 10-9-42

DEC 3 - 1942

DEC 1 1942

NOV 20 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 C. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.