

FILED MAR 20 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1234**

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-2-43-3-10-43**
(Specify whether
In this community **15 years**
years, months or days)

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. **1300 Woodland**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1943** hour **6:00** minute **a.** M.

21. I hereby certify that I attended the deceased from
February 2 19**43** to **March 10** 19**43**.
that I last saw him alive on **March 10** 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death **General paresis**

Duration

Due to **30 B**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
(If means of injury)

23. Signature **Chas. Hays** (M.D. or other)
Address **2-600 E. 2nd** Date signed **3-10-43**

3. (a) PRINT FULL NAME **JAMES SHACKELFORD**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **487-03-6312**

4. Sex **male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Hazel Shackelford** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **April 14** 1891
(Month) (Day) (Year)

8. AGE: Years **51** Months **10** Days **20** If less than one day hr. min.

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

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER

12. Name **Pete Shackelford**

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

14. Maiden name **Amanda Venerable**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **removal** (b) Date thereof **3/11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Versailles, Mo.**

18. (a) Signature of funeral director **Richards Funeral Home**

(b) Address **Tipton, Missouri**

19. (a) **3-11-43** (b) **M. W. Brown**
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ ^{will be} embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Roberts
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.