V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13788

FILED MAY 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 449

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

1. PLACE OF DEATH:
(a) County: Buchanon.
(b) City or town: St Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Meth. Hosp. 0
(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: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: DeKalb 32
(c) City or town: Stewartsville Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 miles N. & 8 Stewartsville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Vera E. 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: Married
6. (b) Name of husband or wife: R. F. Shackelford.
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: June (Month) 29 (Day) 1895 (Year)

8. AGE: Years 47. Months 9 Days 29. If less than one day: hr. min.

9. Birthplace: Buchanon Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Housekeeping
FATHER
12. Name: Willis S. Hamilton.
13. Birthplace: Kentucky / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Carpenter
15. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: R. F. Shackelford
(b) Address: Stewartsville Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof: Apr. 30. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Stewartsville. MO.
18. (a) Signature of funeral director: J. E. Lyons
(b) Address: Stewartsville Mo
19. (a) 4-29-43 (Date received local registrar) (b) Rose Heyson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1943 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from August 16 1937 to April 28 1943 that I last saw her alive on April 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hodgkin's Disease	Nov. 1939 to April 28 1943 (3 5/12 yr)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

44 P

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: S. P. Senor, M. D. (M. D. or other)
Address: St. Joseph, Mo Date signed: 4-29-43

(Licensed Embalmer's Statement on Reverse Side)

1233

MAY 18 1937

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.