

FILED FEB 3 1944

Primary Registration District No. 1002

Registrar's No.

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 #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Jan. 2 1944
(Specify whether)
 In this community unk
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. 1311 Garfield
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nathan Shackelford

3. (b) If veteran, name war no 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Bertrude Shackelford (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Feb. 1896
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 28
If less than one day hr. min.

9. Birthplace Tipton MO.
(City, town, or county) (State of foreign country)

10. Usual occupation Cookman laborer

11. Industry or business _____

12. Name Pete Shackelford

13. Birthplace Dont know Ky.
(City, town, or county) (State of foreign country)

14. Maiden name Dont know

15. Birthplace Dont know
(City, town, or county) (State of foreign country)

16. (a) Informant Bertrude Shackelford

(b) Address 1009 Vine st

17. (a) Burial (b) Date thereof Jan 10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linea Cemetery

18. (a) Signature of funeral director Walter J. Brown

(b) Address 1905 Vine St

19. (a) Jan 11 1944 (b) J. E. Brown
(Date received legal registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3
 year 44 hour 10 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Arterial hemorrhage

Due to _____

Due to _____

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Autopsy

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 Walter J. Brown (M.D. or other) _____

Address _____ Date signed Jan 11 1944

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

MOTHER FATHER

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. H. West
Licensed Embalmer No. 7710
P. O. Address K. E. M. D.

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.