

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

2  
43  
39  
35897

FILED FEB 7 1944

State File No. \_\_\_\_\_

Registration District No. 280

Primary Registration District No. 5965

Registrar's No. 31

1. PLACE OF DEATH: Platte  
 (a) County Platte  
 (b) City or town Rural - Preston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Platte  
 (c) City or town Rural - Preston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LILLIE MAY SHACKELFORD  
 (b) If veteran, name war L  
 (c) Social Security No. L

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec day 9  
 year 1943 hour 12 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Oct 6  
 1942 to Dec 8 1943  
 that I last saw her alive on Dec 8 1943  
 and that death occurred on the date and hour stated above.

4. Sex FEMALE / 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife NICHOLAS SHACKELFORD  
 6. (c) Age of husband or wife if alive 85 years  
 7. Birth date of deceased: 6 (Month) 21 (Day) 68 (Year)

Immediate cause of death: Metastatic Carcinoma of Lung  
 Duration \_\_\_\_\_  
 Due to primary growth in heart  
 Due to \_\_\_\_\_

8. AGE: Years 75 Months 5 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Birmingham Ohio  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER { 12. Name Homer Neuman

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

14. Maiden name Carrie Smith

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

16. (a) Informant Miss Cora Neuman

(b) Address Edgerton, Mo.

17. (a) burial (b) Date there 12 12 43  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Debeley Cem.

18. (a) Signature of funeral director Balling - Nash  
 (b) Address Edgerton, Mo.

19. (a) 12-2-44 (b) Mrs. Clay Biffie  
 (Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature E. B. [unclear] (M. D. or other) MD  
 Address Smithville, Mo Date signed Dec 17 43

1204

RECEIVED

District Health Officer No. Platts  
District File Number 2-44-16  
Date Filed 2-1-44

APR 5 1944

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 Virvan P. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.