

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1944
Registration District No. 1923

Primary Registration District No. 5645

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora Rural
(c) Name of hospital or institution:
3 miles north of Aurora
(d) Length of stay: In hospital or institution.....
In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora Rural
(d) Street No. 3 miles north of Aurora
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Stanley G. Shackelford

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 6 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Alfred Shackelford

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

14. Maiden name Frances Nichols

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

16. (a) Informant Henry Shackelford

(b) Address Aurora route 1

17. (a) Burial (b) Date thereof 9/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park, Aurora

18. (a) Signature of funeral director Oscar Marsh

(b) Address Aurora, Mo.

19. (a) 9-4-44 (b) Emmie Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1944 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept 2 1944 to Sept 3 1944
that I last saw h. IM alive on Sept 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Glomerulonephritis
Due to Prostatic Enlargement
Other conditions Rayn
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.....
23. Signature Harold L. Leiby (M. D. or other) MD
Address Aurora Mo. Date signed 9/4/44

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

5500

55
0

MOTHER FATHER

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

1156

RECEIVED

District Health Officer No. 6,

District File Number 1144-1123

Date Filed NOV 13 1944

NOV 20 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.....

Myself

Registered Apprentice No.

working under my personal supervision

Signed

Oscar L Marsh

Licensed Embalmer No. 3812

P. O. Address *Perma 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.