

FILED NOV 24 1944

Registration District No. ....

Primary Registration District No. 3005

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler mo - city  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Butler Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 1 week  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates  
(c) City or town Rich Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANNAN HALLAM

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

4. Sex FI 5. Color or race W 6. (a) Single, widowed, married, divorced !

6. (b) Name of husband or wife Harry Hallam 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 25 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Shackelford

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

14. Maiden name Eizabeth Ballard

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

16. (a) Informant H. D. Shackelford

(b) Address Rich Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1944 to Nov 4, 1944  
that I last saw her alive on Nov 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Gravitate myocarditis  
Chronic nephritis

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

Major findings: Of operations 12 Of 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 James A. Lamb (M. D. or other) Butler, mo  
Address Butler, mo Date signed 11/8/44

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

MOTHER FATHER

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

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RECEIVED  
DEC 4 1944  
1-244-1302  
Date Filed 11-22-44

**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 *John G. Underwood*  
Licensed Embalmer No. *3585*  
P. O. Address *Butler 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.**