

FILED NOV 20 1945

Registration District No. 0099

Primary Registration District No. 3043

State File No. _____

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1104 Paris Ave. 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 Entire life years, months or days

3. (a) PRINT FULL NAME Josephine May 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 Richard V. Shackelford 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased January 23 1911
(Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name M. E. Dunbar

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

14. Maiden name Edith Myer

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

16. (a) Informant Mrs. M. E. Dunbar

(b) Address 1104 Paris Ave., Hannibal, Mo.

17. (a) Burial (b) Date thereof Oct. 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray P. Schwab

(b) Address 1000 Adm. Hannibal, Mo.

19. (a) 10/6/45 (b) W. E. M. Tucke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Paris Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7
year 1945 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 45 to Oct 3 1945
that I last saw h alive on Oct 3 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, right kidney and bladder
Due to _____
Due to _____

Other conditions uremia
(Include pregnancy, within 3 months of death)

Major findings: Of operations _____
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 Harold S. Suddick (M. D. or other) M.D.
Address Hannibal, Mo. Date signed 10-4-45

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

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

Jack N. Lukan

Licensed Embalmer No. 4110

P. O. Address Hannibal, 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.