S. No. 2
M—2-43
5-17-39
I X35697

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

Dr Bond

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38142

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Mo.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot 78

(c) City or town Hayti 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Kennith Lonnie Sheckell

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct. (Month) 15 (Day) 1943 (Year)

8. AGE: Years 2 | Months 1 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Hayti (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business —

FATHER
12. Name Clyde Raymond Sheckell
13. Birthplace Hayti (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lucille Pickens
15. Birthplace Marmaduke (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Mr. C. L. Sheckell
(b) Address Hayti

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home
(b) Address Hayti Mo

19. (a) 11-24-45 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1945 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 11-22- 1945, to 11-24- 1945, that I last saw her alive on 11-24- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Laryngeal Diptheria	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

10

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature F. G. Bond M.D. 0 (M. D. or other)

Address Hayti, Mo. Date signed .....

1613

(Licensed Embalmer's Statement on Reverse Side)

11-45-227

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.