S. No. 2
M—2-43
. 5-17-39
I X35697

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

1237

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1746

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 625 Cottage Lane 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jennie Shackleford

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July (Month) 27 (Day) 1865 (Year)

8. AGE: Years 60 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Dont Know (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John Norwood
13. Birthplace (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Emma Burton
15. Birthplace (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Cem.

18. (a) Signature of funeral director West Appleton Jones
(b) Address Pitt

19. (a) 1-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, year 1946 hour 12: minute 50 P. M.

21. I hereby certify that I attended the deceased from December 8, 1945 to January 10, 1946 that I last saw her alive on January 10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address General Hospital #2 Date signed 1/11/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2710

P. O. Address. K. C. 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.