

FILED FEB 7 1946
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town JACKSON CITY
(c) Name of hospital or institution:
4014 MADISON STREET
(d) Length of stay: In hospital or institution 1 DAY
In this community 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town CARTHAGE
(d) Street No. TRFD - 74
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MILIE MAE SHACKELFORD

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 9 ST
year 1946 hour 4 minute 30 A.M.

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

21. I hereby certify that I attended the deceased from Jan 21
2 1946 to Jan 21 1946
that I last saw him alive on Jan 21 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death
Coronary occlusion, hr.
Due to chronic myocarditis 5 yrs

6. (b) Name of husband or wife MR FRANK SHACKELFORD 6. (c) Age of husband or wife if alive DEC. 12 - 1867

7. Birth date of deceased: (Month) (Day) (Year)

Due to old age

8. AGE: Years 78 Months 1 Days 9 If less than one day hr. min.

9. Birthplace DOMINICK - MISSOURI

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

Major findings: Of operations no Of autopsy no

11. Industry or business AT HOME

12. Name JOSEPH CONNORS

13. Birthplace LITKROWNY 9

14. Maiden name LITKROWNY 9

15. Birthplace LITKROWNY 9

16. (a) Informant Mr. Elmer Hunt

17. (a) Address 4014 Madison TPC Mo

17. (b) Date of removal REMOVED (b) Date thereof JAN-21-1946

18. (a) Signature of funeral director D. M. Newman (b) Address 1401 BRUSH CREEK 1340 (c) Date received local registrar 1-21-46 (d) Registrar's signature Walden Holmes

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 injury) (c) Means of injury
23. Signature W. B. Caschelt Date 1/21/46
Address 4000 Baltimore

Duration
Physician
Underline the cause to which death should be charged statistically.

71-0-146

