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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26631

FILED AUG 21 1946
Registration District No. 75

Primary Registration District No. 5300

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 week (years, months or days)

3. (a) PRINT FULL NAME NOAH BERRY SHACKELFORD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 1 7 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>22</u>	hr. min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name RICHARD L. SHACKELFORD

13. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BERRY
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Curt Lewis

(b) Address Trimble, Mo.

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 7 31 46
(Month) (Day) (Year)

(c) Place: burial or cremation Ridgley Cemetery

18. (a) Signature of funeral director Robbins - Nath

(b) Address Edgerton, Mo.

19. (a) Aug 2 1946 (b) Miss Willie Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON 25

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

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1946 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May 15 1946 to July 25 1946
that I last saw him alive on July 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Vascular Heart Disease

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 920

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? _____

While at work _____ (Specify type of place) (e) Means of injury fall

23. Signature Ward Kimes (M. D. or other)

Address Cameron, Mo Date signed 3 Aug '46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Vicran R. Nash*

Licensed Embalmer No. *394*

P. O. Address *Edgerton, 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.