S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1946

Registration District No. 201

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3049

34314

State File No.

Registrar's No. 5-8

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

33140

1. PLACE OF DEATH:

(a) County Pemiscott

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscott

(c) City or town Hayti 78
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country 0

3. (a) PRINT FULL NAME Sophia: HADEN SHECKETT

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 —

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan 15 (Month) 1863 (Day) (Year)

8. AGE: Years 83 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) / (State or foreign country)

10. Usual occupation Retired House Wife

11. Industry or business —

FATHER
12. Name Jessie B. Shocklette
13. Birthplace Ind (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)

16. (a) Informant Champ Clark
(b) Address 905 Highland Caruthersville

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-29 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Dry Bya Cemetery

18. (a) Signature of funeral director W. T. Emerson & Son
(b) Address Harrisville Mo.

19. (a) 11-2-46 (Date received local registrar) (b) J. Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28 year 1946 hour 3 minute 20 p.M.

21. I hereby certify that I attended the deceased from Oct. 2, 1946 to Oct. 28, 1946 that I last saw her alive on Oct. 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration Several months

Due to Arteriosclerosis, Hypertension and Chronic

Due to Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

1318

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 Hayti, Mo. Date signed

36 (Licensed Embalmer's Statement on Reverse Side)

11-46-237

Suicide

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.