. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38956

FILED DEC 6 1947

Registration District No. 241

Primary Registration District No. 5-7-7-7-4324

Registrar's No. 9-47

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

1. PLACE OF DEATH:
(a) County Miller
(b) ~~City~~ or town Tuscumbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community ALL LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Tuscumbia 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Smantha Jemima Shackleford
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife John K. Shackleford
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased August (Month) 23 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Iberia (City, ~~town, or county~~) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Kenzie Willis Stone 0
13. Birthplace Miller (City, ~~town~~, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Angeline Smith
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Lester Shackleford
(b) Address Tuscumbia, Mo.
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Nov. 26, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Tuscumbia Cemetery
18. (a) Signature of funeral director Walter L. Hedge
(b) Address Iberia, Missouri
19. (a) Nov. 25-1947 (Date received local registrar) (b) Mrs. Richard L. Wright (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 47 hour 7 minute 9 M.
21. I hereby certify that I attended the deceased from Sept 1940 to Nov 1947 that I last saw her alive on Nov 23 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	10 days
Due to Cardio renal Vascular Disease	Years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 M. E. Humphrey (M. D. or other) D.O.
Address Tuscumbia, Mo. Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-5-47

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~~ Walter P. Hedges, Registered Apprentice No. ____, working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Xenia, 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.