S. No. 2
—12-45
5-17-39
K47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17089

Registration District No. 251 — Primary Registration District No. 3048 — Registrar's No. 125

1. PLACE OF DEATH:

(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74
(c) City or town: Maryville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1011 North Main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: ALFRED M. SHACKELFORD

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male 0

5. Color or race: White 1

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Arvilla S. Shackelford

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: Oct. 19 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Atchison Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Druggist

11. Industry or business: self employed

FATHER
12. Name: Henry Shackelford
13. Birthplace: Grant City, Indiana 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rosella Stevens
15. Birthplace: Grant City, Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A. M. Shackelford
(b) Address: Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio

18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri

19. (a) 5-15-48 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 5 1948, to May 13 1948; that I last saw him alive on May 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon — 15 mo.
Due to: arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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? (Specify Means of injury)

23. Signature: B. F. Pylant (M. D. or other) M.D.
Address: Maryville, Mo. Date signed: 5/16/48

(Licensed Embalmer's Statement on Reverse Side)

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 Glen M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.