

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 84228

Registration District No. 292

Primary Registration District No. 5047

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County Barry (b) City or town Rural
(c) Name of hospital or institution: 5 mi. S.E. of Aurora
(d) Length of stay: In hospital or institution None
In this community 18 years

3. (a) PRINT
FULL NAME

(b) If veteran,
name war.

(c) Social Security
No.

4. Sex Female

5. Color or
race White

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

6. (b) Name of husband or wife
Stanley H. Shackelford

6. (c) Age of husband or wife if
alive 85 years

7. Birth date of deceased June 15 1855

8. AGE: Years 86 Months 3 Days 21
If less than one day
hr. min.

9. Birthplace Wolf County, Kentucky

10. Usual occupation Housewife

11. Industry or business at home

12. Name John Nicholas

13. Birthplace Virginia

14. Maiden name Bessie Baker

15. Birthplace Virginia

16. (a) Informant Mrs. Mary Sutton

(b) Address Aurora, Mo. Rt. 2

17. (a) Burial (b) Date thereof 10/17/41

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Obert L. Marshall

(b) Address Aurora, Mo.

19. (a) Oct. 29 - 41 (b) Don Breckinridge

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Aurora, Mo. Rt. 2
(d) Street No. 5 mi. S.E. of Aurora
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th
year 1941 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 19
19 41 to Oct 1 41 19 41
that I last saw him alive on June 1 41
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration not known

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (e) Means of injury

While at work?

23. Signature Miss Smith (M. D. or other)

Address 1218 Pleasant Aurora Date signed 10/17/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1141-1663

Date Filed NOV 6 1941

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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Forest Klepper.....

Licensed Embalmer No. 4226

P. O. Address Aurora, 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.