

MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7202
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 56
(b) Township Saline Primary Registration District No. 4330 Registered No. 14
(c) City Eldon (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Elizabeth Shackelford

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Shackelford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 3 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Eldon
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Russell

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Crisp

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Ralph Shackelford
(ADDRESS) Eldon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE 2-16 1938

19. FUNERAL DIRECTOR (NAME) Phillips Funeral Home
(ADDRESS) Eldon, Missouri

20. FILED 2-16 1939 Bell Haynes (Address) _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan _____, 1937 to _____, 1939
I last saw h. lx alive on _____, 1939 Death is said to have occurred on the date stated above, at 11: P.M.

The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset 2-9-38

Other contributory causes of importance:

Uterine carcinoma

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) E. G. Skellin, M. D.

Eldon, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Miller County Health Dep't.

County File Number 39-24

Date Filed 3-13-39

0801-11-

11101

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,

Louis D. Phillips

or by

Registered Apprentice No., working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address 722 1/2

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, above space should be left blank.