

REC'D APR 19 1937

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

11588  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Miller 2 Registration District No. 562  
 (b) Township Rickwoods 1 Primary Registration District No. 5757  
 (c) City Iberia (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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. da. (If How long in U. S. if of foreign birth? yrs. mos. da.  
 2. PRINT FULL NAME Mary 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 Murrell Shackelford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30-1852  
 7. AGE YEARS 86 MONTHS 5 DAYS 13 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 50  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.  
 FATHER 13. NAME Robert Jarrester  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennesse  
 MOTHER 15. MAIDEN NAME Margaret Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennesse  
 17. INFORMANT Rosey Shackelford  
 (ADDRESS) Iberia, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL Funeral Home, Iberia DATE Mar. 14 37  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ch. Casey  
Iberia  
 20. FILED Apr 8 1937 Mrs. W. A. Van Grump (Address) Iberia, Mo.  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 3/9 1939 to 3/12 1939  
 I last saw him alive on 3/12 1939 Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 1074  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) S. W. Dunham M. D.  
Iberia, 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.

*Deceased*

RECEIVED

Miller County Health Dept.

County File Number 39-47

Date Filed 4-12-39

**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.....

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, above space should be left blank.**