

Registration District No. JAN 25 1941 668

Primary Registration District No. 3032

Registrar's No. 373

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months  
(Specify whether years, months or days)

In this community ✓  
(years, months or days)

3. (a) PRINT FULL NAME Emma Shackelford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race negro

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

6. (b) Name of husband or wife William Shackelford

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

7. Birth date of deceased Don't know  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Don't know about 70 years

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name David Banks

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Burdie Jackson

(b) Address Sweets Springs, Mo

17. (a) Burial (b) Date thereof 12 3 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director J. Price Alexander

(b) Address 400 W. Cooper, St

19. (a) 12/3/40 (b) Ma. Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")

(d) Street No. Hospital no 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1940 hour 4:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 1 1940 to Nov 27 1940  
that I last saw her alive on Nov 27 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dropsy

Due to \_\_\_\_\_

Due to 95%

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 95%  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. C. Sneed (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 12-3-40

107 22 122

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 1-14-41

**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

*J. Price Alexander*

Registered Apprentice No.

working under my personal supervision.

Signed *J. Price Alexander*

Licensed Embalmer No. *3572*

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, fact should be so stated above.**