DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31420

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 123

1. PLACE OF DEATH:

(a) County: Cooper

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

(c) Name of hospital or institution: St Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days. (Specify whether years, months or days)

In this community 100 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: CHARLES-JOHNSON-SHACKLEFORD

3. (b) If veteran, name war: Civil War

3. (c) Social Security No. none

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Gabriella Berkley Shackleford

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

7. Birth date of deceased: Apr (Month) 22 (Day) 1841 (Year)

8. AGE: Years 100 | Months 4 | Days 27 | If less than one day: ✓ hr. min.

9. Birthplace: Boonville (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Same

FATHER 12. Name: Richard D. Shackleford

FATHER 13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

MOTHER 14. Maiden name: Anna Hubbard

MOTHER 15. Birthplace: unknown (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs P. C. Ordinger

(b) Address: Nelson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Millers Chapel Cem

18. (a) Signature of funeral director: Hayes & Painter

(b) Address: Pilot Grove Mo.

19. (a) 9-20-41 (Date received local registrar) (b) D. C. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th year 1941 hour 12 minute midnight

21. I hereby certify that I attended the deceased from Sept 19 1941 to Sept 19 1941 that I last saw him alive on Sept 19 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Arteriosclerotic heart disease	
Due to: Advanced age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature: Wesley A Barton (M. D. or other)

Address: Boonville Mo Date signed 9/20/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-44

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 Peyton E. Hayes

Licensed Embalmer No. 3074

P. O. Address Pilot Grove,

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

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