V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1944

Registration District No. 2 [illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

38568

State File No.

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 1 day 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63

(c) City or town Vichy 0
(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 Manuel Holman Shockley

3. (b) If veteran, name war —

3. (c) Social Security No. 494-22-4041

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Minnie Shockley

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

7. Birth date of deceased June (Month) 24th (Day) 1877 (Year)

8. AGE: Years 67 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Vichy Air Port

FATHER
12. Name Asbury Shockley
13. Birthplace Maries Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emanda Mathews
15. Birthplace Gasconade Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Henry A. Shockley
(b) Address Vichy, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Higate Cemetery

18. (a) Signature of funeral director Smith-Hollow
(b) Address Rolla Mo.

19. (a) 11-30-44 (Date received local registrar) (b) Celia Walker (Registrar's signature)

1092 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1944, to Nov 28, 1944 that I last saw him alive on Nov 28, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Urethral infection (Non specific) — Duration

Due to Prostatitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

137

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (D. or other)

Address Rolla Mo. Date signed 11/30/44

FEB 1 1945

JAN 13 1955

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 [illegible]

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.