

FILED DEC 9 1946
Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
None 905 E. 9th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 905 E 9th St Apt 3.
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME Mary Frances Shackelford

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Simon

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

7. Birth date of deceased 7 22 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1946 hour 3 minute 00

21. I hereby certify that I attended the deceased from April to Nov 30 1946
that I last saw him alive on Nov 30 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>8</u>	hr. min.

Immediate cause of death Pneumonia, Bronchial

Due to degeneration of kidney

Due to ?

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 220 107

MOTHER FATHER

11. Industry or business None

12. Name Charles A. Nelson

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

14. Maiden name Glaphrey Ann Buck

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

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?

While at work? (Specify type of place)

Means of injury 0

16. (a) Informant Lois Carter

(b) Address Kansas City, Mo. 905 E 9th St Apt 3

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 11-30-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Missouri

18. (a) Signature of funeral director S. M. Nass

(b) Address Bethany Mo. Missouri

19. (a) 11-30-46 (Date received local registrar)

(b) S. Geraldine Holmes (Registrar's signature)

23. Signature Clayton G. Fitch (M. D. or other)

Address 401 N. Belmont Date signed 12/1/46

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. 3899

..... P.O. Address Bethany 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.