No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21, 1947

Registration District No. 177

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

34662
State File No.
4214
Registrar's No.

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)
In this community LIFE

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.: 2831 ASKEW AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

48-380

3. (a) PRINT FULL NAME: JAMES EVERETT SHACKELFORD
3. (b) If veteran, name war: NO
3. (c) Social Security No.: 492-26-4006A

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: MRS. MARY SHACKELFORD BUZAN
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: FEB. 7 (Month) 1863 (Day) (Year)

8. AGE: Years 84 Months 7 Days 27 If less than one day hr. min.

9. Birthplace: OTTERVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: RETIRED
11. Industry or business: DECORATER & CONTRACTOR
FATHER
12. Name: GEORGE T. SHACKELFORD
13. Birthplace: Unknown Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: MARGARET WERR
15. Birthplace: Unknown Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elroy E Rupe
(b) Address: 3723 E 60th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: O. H. Nieuwenhuis Sons
(b) Address: 1401-BROOK CREEK BLVD.
19. (a) 10-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT day 4TH year 1947 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 1 1947 to Sept 4 1947 and that death occurred on the date and hour stated above.
I last saw him alive on 10-31-47

	Duration
Immediate cause of death: myocardial failure	Sudden
Due to: cachexia + senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostate	

Major findings:
Of operation: none except partial urethral stricture
Of autopsy: none performed

PHYSICIAN
Underline the cause of 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?
While at work (Specify kind of place) (e) Means of injury
23. Signature: Walter F Lee (M. D. or other)
Address: 1578 Professional Bldg Date signed 10-4-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C., 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.