

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 297

Primary Registration District No. 4446

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: Home - Street Hotel 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Atop Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAY 89

(c) City or town Hardin
(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 JONATHAN ESSY Shackelford

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1948 hour _____ minute 6:30 A.M.

21. I hereby certify that I attended the deceased from May 1946 to May 12 1948
that I last saw him alive on May 12 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eligabeth Shackelford (c) Age of husband or wife if alive 86 years

7. Birth date of deceased August 5 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
Due to arterio sclerosis

8. AGE: Years 86 Months 9 Days 7
If less than one day hr. _____ min. _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Farmer + Merchant

11. Industry or business _____

MOTHER FATHER

12. Name James Shackelford

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

14. Maiden name ELVIA ESSY

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

Major findings: Of operations g3p

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J.E. Shackelford

(b) Address HARDIN MO

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? _____

17. (a) BURIAL (b) Date thereof 5/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lave Locks Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Frank Hill 7th

(b) Address Richmond Mo

23. Signature [Signature] (M. D. or occupant)

Address Hardin MO Date dictated 5/14/48

19. (a) May 14 1948 (b) Mabel Jackson
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-18-28

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 George Phil

Licensed Embalmer No. 4064

P. O. Address Richmond, 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.