S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1948

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30098

Primary Registration District No. 3028

Registrar's No. 205

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: Mc Cune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)

In this community: (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 502 E. 5th
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Jesse Reid Shackelford

3. (b) If veteran, name war: None

3. (c) Social Security No.: 490-10-0422

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Muriel

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: January (Month) 8, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	9	hr. min.

9. Birthplace: Schyler Co. (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation: Ret. Hercules Powder Plant

11. Industry or business:

FATHER
12. Name: John Shackelford
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Mary Kemmell
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Mrs. J.R. Shackelford
(b) Address: 502 E. 5th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: 1208 S. Garrison, Carthage

19. (a) 9-18-1948 (Date received local registrar) (b) L.B. Cantonwine (Registrar's signature) 13

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17 year 1948 hour ~~AX~~ 3 minute a. M.

21. I hereby certify that I attended the deceased from 15 Jan 48, 19..., to 17 Sept, 19 48, that I last saw him alive on 16 Sept, 19 48, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subdural Hemorrhage	10 hrs
Due to: Arteriosclerosis & hypertension	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): 83A	

Major findings:
Of operations:

Of autopsy: Subdural Hemorrhage
Contusion & edema of Skull & brain

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? (Specify type of place) 0

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) MD

Address: Carthage, Mo. Date signed: 9-17-48

48-9-774

NOV 1 9 1948

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 John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address .....

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.