

S. No. 2
M-542
5-17-39
X32714

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18452**

ED JUN 10 1943
Registration District No. **223**

Primary Registration District No. **4335**

Registrar's No. **29**

1. PLACE OF DEATH:
 (a) County **Moniteau**
 (b) City or town **Tipton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days)
 In this community **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Moniteau**
 (c) City or town **Tipton**
(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 **Native**

3. (a) PRINT FULL NAME **Amanda Shackelford**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **28th.**
 year **1943** hour **3** minute **30** A.M.

4. Sex **Female** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Peter Shackelford**
 6. (c) Age of husband or wife if alive **Dead** years
 7. Birth date of deceased **September 10 1857**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1 1943** to **April 27 1943**
 that I last saw him alive on **April 25 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
85 7 18 hr. min.

Immediate cause of death **Arteriosclerosis senility** Duration **5 YRS**

9. Birthplace **Cooper County Missouri**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death) **gm**

11. Industry or business **Home**

Major findings: Of operations _____

12. Name **Unknown**

Of autopsy _____

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ida Kaizer**
 (b) Address **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof **5-2--1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton, Missouri**
 18. (a) Signature of funeral director **Jessie E. Richard**
 (b) Address **TIPTON-MO**
 19. (a) **May-2/1943** (b) **Mrs. Leo Ferguson**
(Date received final report) (Registrar's signature)

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)
 (e) Means of injury _____
 23. Signature **J. F. Potts** (M. D. _____)
 Address **Tipton** Date signed **4/29/43**

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

MOTHER FATHER

871

(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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jessie-E. Richards
..... Licensed Embalmer No. 2466
..... P. O. Address TIPTON-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.