

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24345  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 1  
 (b) Township Kearney Primary Registration District No. 1  
 (c) City Kansas City (d) Street No. 538 Campbell St Registered No. 2850  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Mo.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 59410 Oakville Rd St. Mo. (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unkhusgen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1865  
 7. AGE YEARS 73 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bookkeeper  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER 13. NAME John L. Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Francis Blake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT Dr. A. B. Buller, Dep. Coroner (ADDRESS) R. C. Star Hook

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 7/14

19. FUNERAL DIRECTOR (NAME) Pat B. Septina (ADDRESS) 538 Campbell St.

20. FILED 7-14 1938 M. M. Crowe, Asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-38 1938

22. I HEREBY CERTIFY That I attended deceased from 11:50 P.M. 1938  
 I last saw deceased on 7-11-38 at 11:50 P.M. Death is said to have occurred on the date stated above, at 11:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis  
Acute & Chronic myocardial infarction  
Rupture of the heart  
 Date of onset 9-4-38  
 Other contributory causes of importance: Hemopericardium

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? !!  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. A. B. Buller, M. D.  
Local Hosp. H. L. Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF TEXAS  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

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**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. ....

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, above space should be left blank.**