

1939 MAY 11 1939

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

14886
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township A. Campbell Primary Registration District No. 2001 Registered No. 319
(c) City SPRINGFIELD (d) Street No. 1328 Lafontaine St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

H35 JOHN CALVIN SHELTON
(a) Residence, No. 1328 Lafontaine St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose E. Shelton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 0 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lafayette
9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.
10. Date deceased last worked at this occupation (month and year) Mar 1939 11. Total time (years) spent in this occupation 95.6
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kalla Mo.
13. NAME Joel Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
15. MAIDEN NAME Rebecca E Cobble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston Mo.
17. INFORMANT Mrs Rose Shelton (ADDRESS) 1328 Lafontaine St
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 4-16-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shannon-Hall Springfield Mo.
20. FILED 4-16-1939 Char A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from 9 to 10:15 on April 14, 1939
I last saw him alive on 4-14, 1939 Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertensive Cardio-vascular disease
Date of onset 4-12-39
Other contributory causes of importance:
Hypertensive Cardio-vascular disease
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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) A. M. White, M. D. (Address) Springfield

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.

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 *Rayd W. Ford*
Licensed Embalmer No. *2910*
P. O. Address *679 W. Walnut*

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.

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