

REC'D SEP 14 1939

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

29020  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Dekalb Registration District No. 260  
(b) Township Grand River Primary Registration District No. 2363 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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 Charles Sumner Shell

(a) Residence, No. 4107 Dekalb County, Mo. St.  (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 (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 2 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bainbridge, Ind.  
(STATE OR COUNTRY) Ind.

13. NAME John W. Shell  
14. BIRTHPLACE (CITY OR TOWN) Knoxville, Tenn.  
(STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Jane T. Crane  
16. BIRTHPLACE (CITY OR TOWN) Berkley, Mass.  
(STATE OR COUNTRY)

17. INFORMANT Morton Shell  
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL to Decatur, Ia.  
PLACE DATE Aug 26, 1939

19. FUNERAL DIRECTOR Mildred McMahony  
(ADDRESS) Cameron, Mo.

20. FILED Aug 26, 1939 Mildred McMahony  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Aug 27, 1939  
Last saw him alive on Aug 23, 1939. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

Ulcers of descending colon Date of onset 1208

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 

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) M. Cameron, M. D.(Address) Cameron, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 141

District File Number 939-1189

Date Filed SEP 12 1939

STATEMENT BY LICENSED EMBALMER

I, W. Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Moore

I          L. E.         

No.          or by         , Registered Apprentice No.         

working under my personal supervision.

Signed W. Moore

Licensed Embalmer No. 1180

**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.)**