

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **5603**  
Registar's No. **828**

**FILED MAR 11 1940**  
399

Registration District No. ....

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **St. Joseph's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
(Specify whether years, months or days) **About 40 Years**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mr. Orrier Shelton**  
6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **September 1st 1876**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **7**  
If less than one day .hr. min.

9. Birthplace **McPherson Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business -----

MOTHER FATHER { 12. Name **Unknown Webster**  
13. Birthplace **Unknown**  
(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 **Ollie S. Shelton**  
(b) Address **1103 Bales Ave**

17. (a) **Cremation** (b) Date thereof **Feb. 23, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **D. W. Newcomer's Sons**

18. (a) Signature of funeral director **D. W. Newcomer's Sons**  
(b) Address **1401 Brush Creek Blvd.**  
**Feb. 23, 1940**

19. (a) (Date received local registrar) (b) **M. M. Crowe, esq.**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1103 Bales Avenue**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21st**  
year **1940** hour **4** minute **25 P. M.**

21. I hereby certify that I attended the deceased from **About 2 years** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on **Feb. 21-1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic hypertensive myocarditis**  
Due to **131**  
Due to **g**

Other conditions **Chronic glomerular nephritis**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Chronic hypertensive myocarditis**  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Archie N. Johnson** (M. D. or other) **MD**  
Address **836 Ogden Blvd** Date signed **2/22/40**

**Kansas City, Mo**

JUL 31 1957

*George M. Collier*

**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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *D.C. 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, above space should be left blank.**