

No. 2
11-17-39
1-X21402

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5735

Registration District No. 4 Primary Registration District No. 3001 Registrar's No. 43

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

1. PLACE OF DEATH: (a) County Adair (b) City or town Kirksville, Mo (c) Name of hospital or institution Kirksville Convalescent Nursing Home (d) Length of stay: In hospital or institution 13 (e) If foreign born, how long in U. S. A? years.

3. (a) PRINT FULL NAME BENJEMAN SHELTON (b) If veteran, name war (c) Social Security No.

4. Sex M (b) Name of husband or wife ANNIE SHELTON (c) Age of husband or wife if alive 72 years (d) Birth date of deceased FEB 5 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 2 hr. min.

9. Birthplace Lincoln Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Armstead Shelton 13. Birthplace Dont know 9 (City, town, or county) (State or foreign country) 14. Maiden name Satter Ann Jones 15. Birthplace Dont know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Farrell Wilson (b) Address

17. (a) Jewell (b) Date thereof Feb. 28 1940 (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation Jewell

18. (a) Signature of funeral director W. C. Sumner (b) Address Kirksville Mo

19. (a) 2-27-40 (b) Spencer L. Deema (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Adair (c) City or town Kirksville, Mo (d) Street No. 602 S. Sixth St. (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Monday 26 year 1940 hour 6 AM minute M.

21. I hereby certify that I attended the deceased from Feb 17 to Feb 26 1940 that I last saw him alive on Feb 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Decompensation and arterio-sclerotic changes.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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?

23. Signature W. C. Sumner 3 (Specify type of place) (e) Means of injury While at work? Address Kirksville Date signed 2/27/40

PHYSICIAN Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Officer No. 10

District File Number 3-40-604

Date Filled MAR 12 1940

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5735-7**

Registration District No. **4**

Primary Registration District No. **3001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days) (Specify whether

3. (a) **Benjamin Shelton**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **82** Months **-** Days **22** If less than one day, hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (c) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **July** day **26** year **1960** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death **uremia** Duration _____

Due to **Decompensation**

arterio-sclerotic changes

Due to **with resultant kidney**

changes and chronic nephritis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations **121**

Of autopsy _____

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 **M. H. Casner** (M.D. or other) _____

Address **Kirkville** signed _____

SUPPLEMENTAL

WALL PAINLI - USE UNPADO DEAR INK - MAKE A PERMANENT RECORD