S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18463
Registrar's No. 489

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon (If outside city or town limits write "RURAL")
(d) Street No. R-7 D#2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hattie Mabelle Shelton 135
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White American
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Roy C. Shelton
6. (c) Age of husband ~~or wife if~~ alive years
7. Birth date of deceased May (Month) 11 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
47	0	20	hr. min.

9. Birthplace Mt Vernon Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Farm
FATHER
12. Name Wm James Brown
13. Birthplace Mt Vernon (City, town, or county) 7 no (State or foreign country)
MOTHER
14. Maiden name Mariha Jennings
15. Birthplace Lawrence Co. (City, town, or county) Mo 87 (State or foreign country)
16. (a) Informant Roy Brown
(b) Address 915 McCann Ave Spfld Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 31-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Vernon Mo
18. (a) Signature of funeral director Geo. B. Orr
(b) Address Mt Vernon Mo
19. (a) May 31, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 - 1940
year hour 6:20 AM minute M.
21. I hereby certify that I attended the deceased from May 22, 1940, to May 31, 1940
that I last saw her alive on May 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus
Due to following hysterectomy
Due to for uterine fibroid non malignant
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations uterine fibroid
Of autopsy no

Duration 5 4/12

PHYSICIAN — 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? 9 0 1 (Specify type of place)
While at work? (e) Means of injury
23. Signature E. C. Rodgers (M. D. or other)
Address Springfield Mo Date signed 5-31-40

(Licensed Embalmer's Statement on Reverse Side)

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 B Park

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X