

No. 2  
1-10-39  
17  
X2102

**JUN 14 1940** 718  
Registration District No. **718**

Primary Registration District No. **6470**

Registrar's No. **29**

**1. PLACE OF DEATH:**

(a) County Putnam

(b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marx Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether)

In this community Libertine  
years, months or days

**3. (a) PRINT FULL NAME** Belda Schoeton

**3. (b) If veteran, name war** — No

**3. (c) Social Security No.** NO

**4. Sex** Female **5. Color or race** white

**6. (a) Single, widowed, married, divorced** Married

**6. (b) Name of husband or wife** D.A. Shelton **6. (c) Age of husband or wife if alive** 63 years

**7. Birth date of deceased** August 27 1886  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>53</u>	<u>9</u>	<u>0</u>	hr. min.

**9. Birthplace** Putnam Co Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Housework

**MOTHER FATHER**

**12. Name** Geo. D. Stackey

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

**14. Maiden name** Nancy Comstock

**15. Birthplace** Keokuk Co Iowa  
(City, town, or county) (State or foreign country)

**16. (a) Informant** D.A. Shelton

**(b) Address** Unionville Mo

**17. (a) Burial, cremation, or entombment** Burial **(b) Date thereof** May 29 1940  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Unionville MO

**18. (a) Signature of funeral director** Comstock FUNERAL HOME

**(b) Address** Unionville Missouri

**19. (a) Date received local registrar** May 31 1940 **(b) Registrar's signature** M.W. Gillen  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Putnam

(c) City or town Unionville  
(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 May day 27  
year 1940 hour 19 minute 30 A M.

**21. I hereby certify that I attended the deceased from** May 5 1940 to May 27 1940  
that I last saw her alive on May 27 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Shock

**Duration** 3 hrs.

**Due to** Non-purulent uterine hemorrhage **3 months**

**Due to** multiple sub-mucous fibroids one gangrenous **3 months**

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN** \_\_\_\_\_

**Major findings:** gangrenous fibroid. Sarcoma. Structure

**Of operations** no.

**Of autopsy** no.

**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? 645

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

**23. Signature** Med. Martin **(M. D. or other)** \_\_\_\_\_

**Address** Unionville **Date signed** 5/28/40

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

36  
4  
0

RECEIVED:

District Health Officer No. 10

District File Number 6-40-1104

Date Filed JUN 6 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 \_\_\_\_\_

JW Comstock

Registered Apprentice No. 132

working under my personal supervision.

Signed \_\_\_\_\_

JW Comstock

Licensed Embalmer No. 2891

P. O. Address Unionville 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.