

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Ralls
(b) City or town New London
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: New London, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution in hospital
(Specify whether
In this community 72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James William Shelburne

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Susan E. Shelburne 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 1, 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months - Days 18 If less than one day hr. _____ min. _____9. Birthplace Spencer County, Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business

12. Name James Shelburne
13. Birthplace Spencer County, Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Pauline, Kathy
15. Birthplace Not known Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Shelburne(b) Address New London, Missouri17. (a) Removal (b) Date thereof Sept. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Baskley Cemetery, New London, Mo.18. (a) Signature of funeral director Roy P. Schwartz(b) Address New London, Mo.19. (a) Sept 20 1940 (b) Starcke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ralls
(c) City or town New London
(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 September day 19th
year 1940 hour 6:30 minute P. M.21. I hereby certify that I attended the deceased from Aug 17
1940 to Sept 19 1940
that I last saw him alive on Aug 17 1940
and that death occurred on the date and hour stated above.Immediate cause of death Congestive Heart Failure Duration _____Due to myocarditis 1 yr

Due to _____

Other conditions 93C
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy _____
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? No.
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. J. Waters (M. D. or other) _____
Address New London, Mo Date signed 9/21/40

RECEIVED

District Health Officer No. 10

District File Number 15-40-1871

Date Filed OCT-8-1940

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.....

Ray P. Schwartz, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray P. Schwartz
Licensed Embalmer No. 1763

P. O. Address Hannibal, 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.