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

FILED JAN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43184

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 3 days 8

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

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

(d) Street No. Huntington Mo R-1 (If rural, give location)

0

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

3. (a) PRINT FULL NAME Howard Shelton.

3. (b) If veteran, name war None

3. (c) Social Security No. 499-05-7530

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Leta Ethel

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July (Month) 17 (Day) 1904 (Year)

8. AGE: Years 36 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation Labor 0

11. Industry or business 0

FATHER
12. Name John Shelton 0
13. Birthplace Hannibal (City, town, or county) Mo 7 (State or foreign country)

MOTHER
14. Maiden name Laura Howel
15. Birthplace Dont Know (City, town, or county) DK (State or foreign country)

16. (a) Informant Leistine E Shelton
(b) Address Huntington Mo R-1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ariel Cemetary Ralls Co Mo

18. (a) Signature of funeral director Wilson & Son. 1 Cl
(b) Address Monroe City. Mo 4 DD

19. (a) Jan. 1, 1941 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1940 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from Dec 25, 1940, to Dec 27, 1940 that I last saw him alive on Dec 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Trauma - fractured pelvis both femurs both tibia & fibulas

Due to internal injuries

Due to (Concrete silo fell on him)

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

Major findings: Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Dec 25 1940

(c) Where did injury occur? Huntington Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home - farm (Specify type of place)

While at work? (e) Means of injury

23. Signature J. J. Reuhmann (M. D. or other)

Address 101 Bldg Hannibal Mo Date signed 12-28-40

(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 Leslie L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

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.

I, James O'Donnell Coroner Of Marion County Missouri, was called to view the remains of Howard Shelton who passedaway at the St Eliz. Hospital, after a Silo fell on him accidential death certificiate signed by Dr. ~~Glenn Miller~~. John J Richmond

JAN 10 1941

James O'Donnell

Coroner of Marion County

Bureau of Vital Statistics,
MO. STATE BOARD OF HEALTH