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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5263

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1511

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 65

(c) City or town Dixon (If outside city or town limits, write "RURAL") N Ro 0

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

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

3. (a) PRINT FULL NAME Cora Belle Shelton.

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1872 (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert D. Rhea

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

14. Maiden name Betha Reynolds

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

16. (a) Informant L. R. Shelton

(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) FEB 15 1941 (Date received local registrar) (b) J. Mredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-10, 1941, to 2-14, 1941; that I last saw her alive on 2-14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration

acute nephritis

following

Due to [redacted]

Lobar pneumonia Type III

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wilard D. Rowland (M. D. or other)

Address BARNES HOSPITAL Date signed 2/14/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 19[illegible]

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. 1861

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.