

APR 9 1941  
Registration District No. **236**

Primary Registration District No. **4143**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Dade**  
(b) City or town **Euston, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(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 **Dade** **29**  
(c) City or town **Euston**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Louisa Adelaide Shelton**

3. (b) If veteran, name war **us** 3. (c) Social Security No. **us**

4. Sex **Female** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **John M. Shelton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **November 16 - 1851**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>89</b>	<b>3</b>	<b>29</b>	hr. _____ min. _____

9. Birthplace **Dade County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **General Housewifery**

12. Name **Thomas K. Furdley**

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

14. Maiden name **Mary E. Bandy**

15. Birthplace **North Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. R. Riley**

(b) Address **Lawton Mo**

17. (a) **Burial** (b) Date thereof **3-7-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Antioch**

18. (a) Signature of funeral director **Louisa Brim**

(b) Address **Walnut Grove Mo.**

19. (a) **3-7-1941** (b) **Mrs. A. P. Stapp**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**  
year **1941** hour **8** minute **10** a.m.

21. I hereby certify that I attended the deceased from **Nov 5 - 1941** to **Mar 6 - 1941**;  
that I last saw her alive on **Mar 6 - 1941**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Old age + pneumonia**  
Due to **89 year old**  
Due to \_\_\_\_\_

Other conditions **89 year old**  
(include pregnancy within 3 months of death)

Major findings: Of operations **6**

Of autopsy **6**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **0**  
(b) Date of occurrence **0**  
(c) Where did injury occur? **0**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**213** While at work? **0**  
(Specify type of place) (or Means of injury)

23. Signature **H. R. Riley** (M. D. over) **0**  
Address **Euston Mo.** Date signed **3-8-41**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer

Office No. 81

District File Number 441-557

Date Filed APR 7 1941

1954  
2861  
99

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. 7..... working under my personal supervision.

Signed *James D. ...*

Licensed Embalmer No. *264*

P. O. Address *Woburn Iron Ms*

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

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

Registration District No. 231

Primary Registration District No. 4143

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Euston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME Louise Adalaid Shelton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 29 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

9. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

20. DATE OF DEATH month Mar day 6  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death old age Duration \_\_\_\_\_

Stasis  
Due to Pneumonia

Due to age and congested air  
fluids in lungs

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature M R Riley (M. D. or other) \_\_\_\_\_  
Address Euston Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

MOTHER FATHER

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

PHYSICIAN  
Underline the cause to which death should be charged statistically.

S-10507 1941