

No. 2
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FILED JUN 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17179
1841

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town _____
(c) Name of hospital or institution 1608 Garfield, Apt. 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years
In this community _____
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Lelia Shelton
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color of race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Shelton 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 17 1881
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Adams
13. Birthplace Alabama
14. Maiden name Ruler Whitney
15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Shelton

(b) Address 1608 Garfield, Apt. 9

17. (a) Burial (b) Date thereof 5-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Town

18. (a) Signature of funeral director Nathaniel Brose

(b) Address 1729 Lydia

19. (a) May 10 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
Kansas City
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 1608 Garfield, Apt. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 12 1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw the deceased _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Myocardial Infarction
Due to Myocardial Infarction
Other conditions (include pregnancy within 3 months of death) 96

Major findings: Of operations 96
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) _____
(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 Deshaun Brown (M. D. or other) _____
Address _____ Date signed _____

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

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 *Joan Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *1120 E. 23rd St*

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, fact should be so stated above.