

Registration District No.

544

Primary Registration District No.

5976B

Registrar's No.

64

1. PLACE OF DEATH:

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

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution NI
 In this community All His Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruben E. Shelton3. (b) If veteran,
name war R3. (c) Social Security
No. 487-12-26254. Sex male 5. Color or race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Nora Myatt6. (c) Age of husband or wife if
alive 48 years7. Birth date of deceased 8 5 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
54 10 17 1 hr. 1 min.9. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Francis Shelton13. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)14. Maiden name Martha Deane15. Birthplace Ray Co. Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Raymond Wade(b) Address Everett Springs, Mo17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pingah18. (a) Signature of funeral director J. E. Broadhurst(b) Address Rayville, Mo19. (a) July 3-41 (b) Malcolm Jackson
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray(c) City or town Rayville
(If outside city or town limits, write "RURAL")(d) Street No. one mile north of Rayville
(If rural, give location)(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour 5 minute A. M.21. I hereby certify that I attended the deceased from
June 10, 1941 to June 28, 1941
that I last saw him alive on June 26, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 1 wkDue to Hypertension ?Due to g2NOther 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?

While at work (Specify type of place) (b) Months of injury

23. Signature Shos J. Long (M. D. or other) M. D.Address Richmond, Mo. Date signed 7-3-41

RECEIVED
District Health Officer No. 8
District File Number 7-12-41
Date Filed

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. E. Broadhurst
Licensed Embalmer No. 2171
P. O. Address Rayville, 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.