No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28315

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 664

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hosp. ~~Springfield~~ (If not in hospital or institution, write street number or location)

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

In this community 0

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene

(c) City or town Springfield (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 Carrie L Shelton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 1

5. Color or race White Kenneth 1

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

6. (b) Name of husband or wife Shelton

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1877 (Year)

8. AGE: Years 63 Months 7 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Lewis Stephens
13. Birthplace Douglas Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah J Simmons
15. Birthplace Springfield (City, town, or county) MO (State or foreign country)

16. (a) Informant Kenneth Shelton

(b) Address Rt 9 City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) (Day) 16.41 (Year)

(c) Place: burial or cremation Hazelwood City

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address 629 W Walnut City

19. (a) 8-16-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1941 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 8-4, 1941, to 8-14, 1941; that I last saw her alive on 8/14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma (adeno) of transverse colon primary	1 yr. (?)
Due to	
Other conditions Secondary anemia & cachexia (Include pregnancy within 3 months of death)	6 mos (?)

Major findings:
Of operations —
Of autopsy none

46C

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 F. M. Doubler (M. D. or other)

Address Med Arts Springfield Mo Date signed 8/15/41

9 # 4

(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. Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, O

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

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