

Registration District No. 653 Primary Registration District No. 5865

1. PLACE OF BIRTH:  
(a) County: Remick  
(b) City or town: Rural Concord  
(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.  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo (b) County: Remick  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Concord T.W.P.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Florence E. Shelby  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex: F 5. Color or race: Col 6. (a) Single, widowed, married, divorced: Widowed  
6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: 7 16 41  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Hayth MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name: Tommy Lee Shelby  
13. Birthplace: Crivelandville Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name: Lutera  
15. Birthplace: Lula  
(City, town, or county) (State or foreign country)

16. (a) Informant: Tommy Lee Shelby  
(b) Address: Hayth - MO  
17. (a) Burial (b) Date thereof: 8-21-41  
(Burial, cremation or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Concord, MO

18. (a) Signature of funeral director: Southwell  
(b) Address: Hayth - MO  
19. (a) 8/21/41 (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 21  
year 1941 hour 3 minute 20 A.M.  
21. I hereby certify that I attended the deceased from 8-20-  
\_\_\_\_\_, 1941, to 8-21-  
\_\_\_\_\_, 1941;  
that I last saw her alive on Aug 20, 1941;  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_  
Immediate cause of death: Anemia not classified  
Due to \_\_\_\_\_  
Due to 161C  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature: Asshing (M. D. or other) 1  
Address: Hayth, MO Date signed: 8/21/41

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

78  
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78  
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9-41-27

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**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, ~~\_\_\_\_\_~~  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. ~~\_\_\_\_\_~~

P. O. Address \_\_\_\_\_

**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.**