

No. 2  
1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED 8-11-41

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31565

State File No.

Registrar's No. 742

Registration District No. 318

Primary Registration District No. 2001

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: **613 S. Grant St. 1** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **17 Yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Springfield** (If outside city or town limits, write "RURAL")

(d) Street No. **613 S. Grant St. 6** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Josie Shelton**

3. (b) If veteran name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12** year **1941** hour **11** minute **0** M.

21. I hereby certify that I attended the deceased from **Aug 9** 19**41** to **Sept 12** 19**41**; that I last saw **her** alive on **Sept 12** 19**41** and that death occurred on the date and hour stated above.

4. Sex **F**

5. Color or race **or**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown**

6. (c) Age of husband or wife if alive **deceased** years **10**

7. Birth date of deceased **July 10 1863** (Month) (Day) (Year)

Immediate cause of death. **arteriosclerosis unknown**

Due to **arteriosclerosis unknown**

Due to **Grand vessel aneurysm**

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

Major findings: Of operations **None**

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

8. AGE: Years **78** Months **2** Days **2** If less than one day hr. min.

9. Birthplace **Ash Grove MO** (City, town, or county) (State or foreign country)

10. Usual occupation **None**

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) (a) Means of injury **0**

MOTHER FATHER

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

12. Name **Mrs Phillips**

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

14. Maiden name **(Unknown) Kelley**

15. Birthplace **Ash Grove MO** (City, town, or county) (State or foreign country)

16. (a) Informant **Mamie Shelton**

(b) Address **613 S. Grant**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Sept 14 1941** (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Fred E. Thoms**

(b) Address **1100 Brownville Ave.**

19. (a) **9-13-41** (Date received local registrar)

(b) **W. E. Naudley M.D.** (Registrar's signature)

23. Signature **W. I. Wash** (M. D. certifying)

Address **Springfield MO** Date signed **9/13/41**

(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..... *R. J. Christie* .....

Licensed Embalmer No. *3657*

P. O. Address..... *Springfield, 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, fact should be so stated above.**