

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32809

State File No. _____

Registration District No. 18

Primary Registration District No. 6139

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Bural Manning
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas
(c) City or town Ben Dover
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 22
year 1941 hour 9:15 minute _____ A. M.
21. I hereby certify that I attended the deceased from aug.
30, 1941 to Aug. 22, 1941;
that I last saw him alive on Aug. 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro-intestinal with diarrhea
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
1190

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations: _____
Of autopsy: _____

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 R. W. Fleunoy (M. D. or other) _____
Address Wm. Dover Date signed 8-23-41

3. (a) PRINT FULL NAME Grover Lee Shelley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7 1940
(Month) (Day) (Year)
8. AGE: Years 1 Months 2 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace Texas (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name Carnest Shelley
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Esther Shelley
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Carnest Shelley
(b) Address Ben Dover
17. (a) Burial (b) Date thereof 8/23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Back Springs
18. (a) Signature of funeral director Russell Barber
(b) Address Wm. Dover
19. (a) Aug 28 1941 (b) Pearl E McCall
(Date received local registrar) (Registrar's signature)

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

700

RECEIVED

District Health Officer No. 5,

District File Number

8811961

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Russell Barber

Licensed Embalmer No.

3848

P. O. Address

Mt. Grove, Md

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.