

FILED NOV 13 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3734

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 3632 Gillham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 2 Yrs!  
In this community years, months or days

3. (a) PRINT FULL NAME GILES. H. SHELTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, married, divorced Married  
(b) Name of husband or wife Armina Shelton 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased Nov. 1. 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 14 If less than one day  
hr. min.

9. Birthplace Rocky Mount Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stockman

11. Industry or business

12. Name W. M. L. Shelton

13. Birthplace Biggah Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Armina C. Mob

15. Birthplace Rocky Mount Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Armina Shelton

(b) Address 3632 Gillham Road

17. (a) Removal (b) Date thereof 4/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Redon, Mo.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 10/6/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3632 Gillham Road.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5  
year 1941 hour 5 minute 22 P.M.

21. I hereby certify that I attended the deceased from Sept 12, 1941 to Oct 5, 1941  
that I last saw her alive on Oct 2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation  
Duration  
Due to Do not know  
Due to

Other conditions Cerebral hemorrhage  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy none  
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) no  
(b) Date of occurrence none  
(c) Where did injury occur? no injury  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no  
While at work? no (Specify type of place) (e) Means of injury no

23. Signature James W. Graham (M. D. or other)  
Address 518 Argyle Bldg. Date signed 10/6/41

**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..... *Handwritten Signature* .....

Licensed Embalmer No. *2467* .....

P. O. Address. *Independence,* .....

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

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