

Keetler

S. No. 2
-9-4-41
5-17-39
X 29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3793

FILED FEB 24 1942

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. 2

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1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scottland

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

(c) Name of hospital or institution:
422 W. Jefferson
(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 practically all her life (Specify, whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland

(c) City or town Memphis Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Francis Shelton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1942 hour 4 minute A M.

4. Sex Female 1 race White 2 divorced widowed

5. Color or _____

6. (a) Single, widowed, married, _____

6. (b) Name of husband or wife Nathaniel S. Shelton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 22 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10 1939 to Jan 11 1942
that I last saw her alive on Jan 11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 20 Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebral Hemorrhage
CEREBRAL

9. Birthplace Burlington Iowa
(City, town, county) (State or foreign country)

Due to arteriosclerosis

10. Usual occupation Retired Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 430

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Silas Dean

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

14. Maiden name Estionette Kinney

15. Birthplace Virginia
(City, town, county) (State or foreign country)

16. (a) Informant Sarah Shelton

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Jan 13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Bethel

18. (a) Signature of funeral director North & Besford

(b) Address Memphis Mo

19. (a) 1-13-42 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

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 AM Keetler (M. D. or other)

Address Memphis, Mo Date signed 1-23-42

RECEIVED

District Health Officer No. 10

District File Number 2-42-275

Date Filed FEB 12 1942

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.....

Licensed Embalmer No. 1029

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, fact should be so stated above.