

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 16 1942

Registration District No. 778

Primary Registration District No. 6430

Registrar's No. 70

1. PLACE OF DEATH: Putnam

(a) County _____

(b) City or town Unionville

(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville

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

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME IRA E. SHELTON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color of race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 22 1870

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	4	3	hr. _____ min.

9. Birthplace Putnam Co., Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name D. M. Shelton

13. Birthplace Ken.

14. Maiden name Winifred Crabtree

15. Birthplace Mo.

16. (a) Informant's own signature A. B. Shelton

(b) Address Unionville, Mo.

17. (a) Burial, cremation, or removal _____ (b) Date thereof March 1 1942

(c) Place: burial or cremation Thompson Ceme.

18. (a) Signature of funeral director Husted & Son

(b) Address Unionville, Mo.

19. (a) _____ (b) _____

(Date received local registrar) (Registered)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th.

year 1942 hour 6-10 minute P. M.

21. I hereby certify that I attended the deceased from 2-13-1942 to 2-23-1942

and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis with decompensation

Due to Hypertension, & arteriosclerosis

Due to Chronic nephritis

Duration OK. OK.

Other conditions _____

(Include pregnancy within 3 months of death) 1316

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 E. H. Meyer (M. D. or other) _____

Address Unionville, Mo. Date signed 2/27/42

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

NOV. 2-17-39 U.S. GPO 16-48811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10
District File Number 10-42-442
Date Filed MAR 13 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 Myrl E. Husted
Licensed Embalmer No. 3304
P. O. Address Unionville, 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, above space should be left blank.