

FILED JUN 18 1942  
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2258

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. Luke's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether years, months or days)

In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 616 West 61st Street Terrace  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -- 0

3. (a) PRINT FULL NAME Mr. James Churchill Shelton, Sr.

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Augusta F. Shelton 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 6 1868  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>74</u> | <u>0</u> | <u>1</u> | hr. min.             |

9. Birthplace Danville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Grocery Business

11. Industry or business Wholesale & Retail in Mexico

MOTHER FATHER

12. Name James T. Shelton

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

14. Maiden name Lucinda Yeager

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

16. (a) Informant Mrs. Augusta F. Shelton  
(b) Address 616 - W. 61st Ter

17. (a) Cremation (b) Date thereof June 9, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-9-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th  
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 16 1942 to June 7 1942  
that I last saw him alive on June 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 3 weeks

Due to Arteriosclerosis of aorta 4 years

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: ---  
Of operations ---

Of autopsy Coronary occlusion

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 James T. Shelton (M. D. or other) ---  
Address 820 poppleog Date signed 6/8/42

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

19  
3  
8

520 Professional Bldg  
11-12-15, 2-3

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC: 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.**