

No. 2
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28302

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

HLW SEP 9 1942

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)

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

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. 627 West Eastwood
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Tichner Shelton

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, Married

6. (b) Name of husband or wife Hortense Steele Shelton 6. (c) Age of husband or wife if 46 years

7. Birth date of deceased April 3 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 5 If less than one day
.....hr.min.

9. Birthplace Arrow Rock, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business !! !!

12. Name Alfred W. Shelton

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

14. Maiden name Amanda M. Reynolds

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

16. (a) Informant Mrs. Joseph T. Shelton

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Aug 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge of Cemetery

18. (a) Signature of funeral director J. Leslie Bussey

(b) Address Marshall, Mo.

19. (a) Aug 8 - 1942 (b) Thos T. O. Westcott
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1942 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from July 15
....., 19....., to Aug 8, 19.....

that I last saw him alive on Aug 8, 19.....

and that death occurred on the date and hour stated above,
Immediate cause of death Myocarditis Duration

Due to Myocarditis + Tooth

Due to

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

Major findings:
Of operations

Of autopsy 9301

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(c) Means of injury

23. Signature John R. Lawrence (M. D. or other)
Address Marshall, Mo Date signed Aug 8 1942

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

MOTHER FATHER

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filled 9-7-42

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. 32358

P. O. Address Marshall, 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.