

NOV 10 1942

Registration District No. 269

Primary Registration District No. 4398

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland *town*
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Holland
(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 0

3. (a) PRINT FULL NAME Avis Shelton

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thos. Shelton 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 10 27 hr. min.

9. Birthplace Braggadocio Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Anderson Waldrop

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

14. Maiden name Susie Waldrop

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

16. (a) Informant Thos. Shelton

(b) Address Holland, Missouri

17. (a) Burial (b) Date thereof 10-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director German Untd. Co.

(b) Address Steele, Missouri

19. (a) 11-2-1942 (b) C. G. Limbaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13
year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 12-42
to Oct 13-1942
that I last saw her alive on Oct 13-1942
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis
Causing extremely High Blood P. Causing Nausea in early
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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?

(Specify type of place) While at work? (Specify means of injury)
23. Signature D. C. Williams (M. D. or other)
Address Holland, Mo. Date signed 10-15-42

MOTHER, FATHER, SISTER, BROTHER, CHILD, GRANDPARENT, NEPHEW, NIECE, UNCLE, AUNT, COUSIN, SISTER-IN-LAW, BROTHER-IN-LAW, NEPHEW-IN-LAW, NIECE-IN-LAW, OTHER

WRITE PLAINLY IN INK

11-42-14

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

John W German

Registered Apprentice No.

344

working under my personal supervision.

Signed

J A Divin

Licensed Embalmer No.

3789

P. O. Address

Steele, Mo

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.

11/14

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

B-41
288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24488
Registrar's No. 26

Registration District No. 269 Primary Registration District No. 4398

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Holland
(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 years, months or days) ✓

3. (a) PRINT FULL NAME Avis Shelton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Jan. 16 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 17 If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-15-42
(Month) (Day) (Year)

(c) Place: burial or cremation BURIAL

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 31 day 31 year 1942 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 9 19 that I saw him alive on 10-15-42 and that death occurred on the date and hour stated above.

Immediate cause of death pericarditis causing extremely high blood pressure causing hemorrhage lung

Due to pericarditis causing extremely high blood pressure causing hemorrhage lung

Due to pericarditis causing extremely high blood pressure causing hemorrhage lung

Other conditions (Include pregnancy within 3 months of death)

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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

1942

5-34488