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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 2 1943

Registration District No. 276

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3129

Primary Registration District No. ~~5740~~ 5947

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Phelps

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

(c) Name of hospital or institution: 1 Tenn
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Phelps

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

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

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

3. (a) PRINT FULL NAME Geo H 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 W 2

6. (b) Name of husband or wife Mary C Shelton

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

7. Birth date of deceased 12- (Month) (Day) (Year)

8. AGE: Years 81 Months — Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name A J. Shelton

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

14. Maiden name Cora Williams

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Josie Wilson

(b) Address Waynesville Mo

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

(c) Place: burial or cremation Shipwell Cem

18. (a) Signature of funeral director

(b) Address St James Mo

19. (a) 1-16-1943 (Date received local registrar) (b) Charnie Dickson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 14 year 1943 hour 12 minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Rail Road accident Killed by being hit by Fy Frisco Engine

Due to

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) 081

(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? (e) Means of injury Phelps Co

23. Signature R. S. Null Coroner (M. D. or other)

Address Rolla Date signed

1071

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. E. Lee Klicks

Licensed Embalmer No. 3544

P. O. Address Ft Jamison

**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.**

S. No. 2B
I—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3129

Registration District No. 276 Primary Registration District No. 5-947 Registrar's No.

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

**1. PLACE OF DEATH:**
(a) County: Phelps
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

**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

3. (a) PRINT FULL NAME: Geo. W. Shelton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
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: Dec — (Month) (Day) (Year)
8. AGE: Years 41 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
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 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 4 year 1943 hour 8 minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Rail Road accident | |
| Due to: Killed by being hit by | |
| Due to: Frisco Engine | |
| Other conditions (Include pregnancy within 3 months of death): 169-6 30 | |
| Major findings: Of operation: Legs broken Neck broken and other injuries | |
| 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) Was crossing
(b) Date of occurrence R.R. Track near Home abt
(c) Where did injury occur? was Hit by Engine (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? No inquest necessary (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY