V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5487

Registration District No. FILED MAR 5 1949

Primary Registration District No. 1002

Registrar's No. 836

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: K. C. General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Min. (Specify whether

In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 B

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3601 E. 26th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Gus T. Shelton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Grace Shelton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb. (Month) 15 (Day) 1877 (Year)

8. AGE: Years 66 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Wellington (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business self

FATHER
12. Name Columbus Shelton
13. Birthplace Pleasant Hill (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Jennie Wright
15. Birthplace Wellington (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Grace Shelton

(b) Address 3601 E. 26th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kans

19. (a) 2-17-43 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1943 hour minute M.

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

Immediate cause of death Pontine Hemorrhage

Due to 83

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

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? (e) Means of injury

23. Signature A. E. Upsher (M. D. or other) M.D.

Address 23rd McCoy Date signed 2/16/43

Shelton

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1958

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. 3991

P. O. Address 309 E. 67

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.