

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

40017  
Do not use this space.

FILED JAN 12 1944

**1. PLACE OF DEATH**

(a) County Palmer Registration District No. 324  
 (b) Township Marshall Primary Registration District No. 3072 Registered No. 232  
 (c) City Marshall (d) Street No. 11 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Edna Mae Shelton

(a) Residence, No.                      St.                       
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)                       
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7-1924  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 4 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.                       
 9. Industry or business in which work was done, as saw mill, bank, etc.                       
 10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Stultz Mo (STATE OR COUNTRY)

13. NAME Virgil Shelton

14. BIRTHPLACE (CITY OR TOWN) Houston, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Minnie Gilmore

16. BIRTHPLACE (CITY OR TOWN) Houston, Mo. (STATE OR COUNTRY)

17. INFORMANT State School Records (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston Mo DATE 12-22 IF                     

19. FUNERAL DIRECTOR (NAME) Campbell-Rene (ADDRESS) Marshall, Mo.

20. FILED 12-22 1943 Mrs T. Owesthorpe Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1943  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 18<sup>th</sup> 1943, to Dec 21 1943  
 I last saw her alive on Dec 21 1943 Death is said to have occurred on the date stated above, at 7:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

myocarditis  
108  
 Other contributory causes of importance: Lobar Pneumonia  
 Date of onset Dec 18<sup>th</sup>

Name of operation                      Date of                       
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?                      Date of injury                      19                      
 Where did injury occur?                      (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
 Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify                       
 (Signed) J.S. James, M. D.  
 (Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14023

RECEIVED  
District Health Officer No. 8,  
District File Number  
Filed 1-10-44

**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 AW Campbell

Licensed Embalmer No. 3469

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, above space should be left blank.**