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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3801

FILED FEB 14 1944

State File No. \_\_\_\_\_

Registration District No. 26

Primary Registration District No. 5857

Registrar's No. 14

1. PLACE OF DEATH:  
Nodaway

(a) County. Nodaway

(b) City or town. Maryville (Rural - Green) *74*

(c) Name of hospital or institution:  
8 Miles West *1*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Nodaway *74*

(c) City or town. Maryville (Rural) *0*  
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles west  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ernest Fleet Shelton

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. January day 9  
year. 1944 hour. 7 minute. 5 P.M.

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

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.

4. Sex. male 5. Color or race. white 6. (a) Single, widowed, married, divorced. Married

Immediate cause of death. Coronary thrombosis *74*

6. (b) Name of husband or wife. Blanche Shelton 6. (c) Age of husband or wife if alive. 53 years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ *94a*  
Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

7. Birth date of deceased. Feb. 13 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	27	_____ hr. _____ min.

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

10. Usual occupation. farmer

11. Industry or business \_\_\_\_\_

12. Name. Edward Shelton

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

14. Maiden name. \_\_\_\_\_

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

16. (a) Informant Mrs. Blanche Shelton

(b) Address. Maryville Mo.

17. (a) burial (b) Date thereof. 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Hill cemetery

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

(b) Address. Maryville Mo.

19. (a) 1-18-44 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations. \_\_\_\_\_  
Of autopsy. Coronary thrombosis *74*

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature. W.F. Fisher (M. D. or other) \_\_\_\_\_  
Address. Maryville Mo. Date signed. 1/10-44

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

1349

(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

*Clem M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Marionville 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.**