

FILED SEP 9 1944
Register District No. 28

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution City Hospital
(d) Length of stay: In hospital or institution 4 months
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(d) Street No. 410 E. 1st
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Francis N. Shelton
3. (b) If veteran, name war unk. 3. (c) Social Security No. unk.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 21st
year 1944 hour 10 minute 25 A.M.
21. I hereby certify that I attended the deceased from 2/1 1944 to 8/21 1944
that I last saw him alive on 8/18 1944
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 Widowed
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased August 14 1877

Immediate cause of death Cerebral hemorrhage
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) g30

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Christian County Mo.
10. Usual occupation Blacksmith

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name William Shelton
13. Birthplace unk. Kentucky
14. Maiden name Ellen Long
15. Birthplace unk. Virginia

16. (a) Informant Mrs. C. A. Notched
(b) Address 410 E. 1st St. Springfield, Mo.
17. (a) Burial (b) Date thereof Aug 23 1944
(c) Place: burial or cremation Highlandville, Missouri
18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Danville Sp. H.
19. (a) 8-22-44 (b) F. W. Haddy

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) _____
23. Signature May A. E. Caldwell M.D. or other m.d.
Address Springfield Date signed 8/23/44

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.

+