S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 27 1945

Registration District No. 294

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21068

Primary Registration District No. 6010

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Sugar Creek Twp. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 1

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

(d) Street No. 617 W. Lee St. 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Eugene O. Shelton

3. (b) If veteran, name war World War I

3. (c) Social Security No. ✓

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

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

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

7. Birth date of deceased Aug (Month) 22nd (Day) 1896 (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	9	17	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo 1 (State or foreign country)

10. Usual occupation County Clerk.

11. Industry or business Randolph County, Mo

FATHER
12. Name Henry Shelton
13. Birthplace ..... (City, town, or county) Mo U (State or foreign country)

MOTHER
14. Maiden name Anna J. Owen
15. Birthplace ..... (City, town, or county) Mo U (State or foreign country)

16. (a) Informant Mrs Norma Shelton
(b) Address Moberly, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12th 45 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo

19. (a) 6-12-45 (Date received local registrar) (b) Irma Kave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1945 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Viewed body, after death, 19..., to ....., 19..., that I last saw him alive on June 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Disease	
Due to ✓	
Due to ✓ 178X 41	
Other conditions (Include pregnancy within 3 months of death) Water Logged lung from Phosgene - World War I	
Major findings: Of operations ✓	
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: 058

(a) Accident, suicide, or homicide (specify) No

(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 L O Nickell M.D. (M. D. or other)

Address Moberly, Mo Date signed 6/12-45

1036

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1945

JUN 28 1945

RECEIVED
District Health Officer No. 10
District File Number 6-45-1236
Date Filed JUN 26 1945

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.....

P. O. Address.....

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.