

**FILED** **JUN 26 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **6109**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Scotland**  
(b) City or town **Memphis - Rural - "Union"**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **67 years 1 month 6 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scotland**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. Memphis, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MINNIE JANE SHELLEY**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELRA E SHELLEY** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **DEC 2 1877**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **1** Days **6** If less than one day hr. min.

9. Birthplace **SCOTLAND COUNTY MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

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

12. Name **GRANVEL JONES**

13. Birthplace **SCOTLAND COUNTY MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **MATILDA BARNETT**

15. Birthplace **SCOTLAND COUNTY MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **E.E. Shelley**

(b) Address **Memphis Mo**

17. (a) **Burial** (b) Date thereof **1 10 - 45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memphis, Mo**

18. (a) Signature of funeral director **D. C. Payne, Sons**

(b) Address **Memphis Mo**

19. (a) **6-8-1945** (b) **Bernice Wilson**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8**  
year **1945** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **Dec 20 1944** to **1945**

that I last saw him alive on **1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to \_\_\_\_\_

Due to **asthma**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **A.M. Keethler** (M. D. or other) \_\_\_\_\_

Address **Memphis, Mo** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19  
0  
0

MOTHER FATHER

107

RECEIVED

District Health Officer No: 10

District File Number 7-45-1142

Date Filed JUL 13 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

*Neal Payne*

Licensed Embalmer No. 2550

P.O. Address *Memphis TN*

**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.