

S. No. 2  
DM-2.43  
v. 5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

**FILED APR 9 1946 STANDARD CERTIFICATE OF DEATH**

12034

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

Registration District No. 365

Primary Registration District No. 6239

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution:  
one mile south of Caledonia  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution \_\_\_\_\_  
life (Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

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

(d) Street No. one mile south of Caledonia  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Burton Shelton

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28  
year 1946 hour 12 minute 30 PM

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Leta Ellen Shelton

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: Nov. 26 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1946 to March 12 1946  
that I last saw him alive on 3-12- 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 4 Days 2 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_  
Serena  
amblyopia to  
long

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

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

10. Usual occupation farmer

Due to Serena of Texas  
old

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

12. Name Clarence F. Shelton

13. Birthplace Caledonia Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Artie Burton

15. Birthplace Piedmont Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy 47A

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence F. Shelton

(b) Address Bismarck Mo.

17. (a) burial (b) Date thereof 3-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons

(b) Address 17 White Ironton Missouri

19. (a) Apr 3 46 (b) Ellen White  
(Date received local registrar) (Registrar's signature)

23: Signature [Signature] (M: D. or other) MD

Address [Address] Date signed 4-1-46

334

(Licensed Embalmer's Statement on Reverse Side)

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

19945

RECEIVED

District Health Officer No. 4  
District File Number 446-1902  
Date Filed 4-8-46

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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 Arcey White

Licensed Embalmer No. 9012

P. O. Address Smilow Ave

**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.**