

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 9 1946

State File No. _____

Registration District No. 212

Primary Registration District No. 5779

Registrar's No. 30

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution: 5 mi. S. West - Eldon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 14 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

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

(d) Street No. 5 mi S. West - Eldon
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLNEY-RAYMOND-SHELTON

3. (b) If veteran, name was none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4
year 1946 hour 11 minute 05 P. M.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: MAY 17 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/15 1945 to 6/4 1946
that I last saw him alive on 4/10 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>17</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death: Uraemic Coma

Due to Chronic Nephritis ?

9. Birthplace: Miller Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: School Teaching

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy: 1946

11. Industry or business: Education

12. Name: Giles H. Shelton

13. Birthplace: Miller Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name: ARMINA MILLER

15. Birthplace: Camden Co Mo
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Armina Shelton

(b) Address: Eldon Mo

17. (a) BURIAL (b) Date thereof: 6-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Doolay Cem

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: G. D. Waller (M. D. Mo)
Address: Eldon Mo Date signed: 6-6-46

18. (a) Signature of funeral director: Kath M. Faye

(b) Address: Eldon Mo

19. (a) 6-6-46 (b) Oliveretta Waller
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-8-46

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 Frederic M. Kaye

Licensed Embalmer No. 3998

P. O. Address Olden 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.