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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8309**

FILED MAR 26 1947

Registration District No. _____ Primary Registration District No. **3012** Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
101 Linden St
(If not in hospital or institution, write street number or location)

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

In this community all His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **24**

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

(d) Street No. 420 Foley
(If rural, give location)

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

3. (a) PRINT FULL NAME EMMETT SHELTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 499-14-7467

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1947 hour 5 minute 10

21. I hereby certify that I attended the deceased from Jan 5
1947 to Feb 11 1947

that I last saw him alive on Feb 11 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased May 14, 1882
(Month) (Day) (Year)

Immediate cause of death Cardiovascular
Renal Disease

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>30</u>	hr. _____ min. _____

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

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER

12. Name W. A. Anderson

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

14. Maiden name Virginia Caroline Clegg

15. Birthplace 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Palmer Shelton

(b) Address 722 Ash, Ex Spgs.

17. (a) Burial (b) Date thereof Feb 15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Ex Spgs.

18. (a) Signature of funeral director Virgil Hope

(b) Address Excelsior Springs, Mo.

19. (a) 2/21/47 (b) Paradise, Mo.
(Date received local registrar) (Registrar's signature)

23. Signature J. E. Beard (M. D. or other) _____
Address Excelsior Springs

2-14-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-27-47

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs

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.