. S. No. 2
DM—8-43
v. 5-17-39
37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8478

Registration District No. 101 Primary Registration District No. 5393 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Benton
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Shelton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 24, (Day) 1946 (Year)

8. AGE: Years 0 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Ava, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Orville Degase
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Jewell Shelton
15. Birthplace Wasola, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Samantha Shelton
(b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fannen

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 3-3-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24, year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 24, 1947 at 11:30 AM, 19 only, 19 ; that I last saw him alive on Jan. 24, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? (e) Means of injury

23. Signature Dr. R. C. Shannon D.O. (M. D. or other)
Address DR. R. C. SHANNON, D.O. AVA, MISSOURI Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 347-316
Date Filed MAR 13 1947

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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ona 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.