

Registration District No. 70

Primary Registration District No. 5286

Registrar's No. 14

1. PLACE OF DEATH

(a) County Clark
(b) City Rural - Wyaconda, Mo
(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 1 week
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23
(c) City or town Medell
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EMMA LEE Shelton

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 W. Shelton 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July 25 1971

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Laura 1

10. Usual occupation housekeeping

11. Industry or business

MOTHER FATHER { 12. Name Shel. Jennings
13. Birthplace Ohio 1
14. Maiden name Mary E. Asherton
15. Birthplace unknown 9

16. (a) Informant Mrs. Arlene Parrish
(b) Address Luray, Mo

17. (a) Burial (b) Date thereof April 8, 47
(c) Place: burial or cremation Ashton Cemetery

18. (c) Signature of funeral director Butting, Und
(b) Address Kahoka

19. (a) H/18- (b) J. P. Dineen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from April 5 1947 to April 5 1947 that I last saw her alive on April 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombolis

Due to

Due to

Other conditions

Major findings: Of operations 103B 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury g

23. Signature Perry L. Bosta (M. D. or other) D.O.
Address Kahoka Mo Date signed 4/6/47

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

23
60

RECEIVED
District Health Officer No. 10
District File Number 4-47-692
Date Filed APR 21 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 Arthur L. Lutting
Licensed Embalmer No. 2965
P. O. Address Lynn, Mass.

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.