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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 194512  
Registrar's No. 51

Registration District No. 217

Primary Registration District No. 3045

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
303 N. Heggie, 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 727 S. Newstead  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Jesse Elbert Shelby

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 Married

6. (b) Name of husband or wife separated Francis Shelby Age of husband or wife if alive 60 years

7. Birth date of deceased February 19 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>2</u>	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Concessions

12. Name Robert Pinckney Shelby

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

14. Maiden name Jesse Davis Conyers

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

16. (a) Informant Mrs Dora Bauer,

(b) Address 303 N. Heggie, Charleston, Mo

17. (a) Burial (b) Date thereof 4/23/47  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett, Missouri

18. (a) Signature of funeral director Blodgett, Missouri

(b) Address Charleston, Mo

19. (a) 4-30-47 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1947 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Apr 8, 1947 to April 21, 1947  
that I last saw him alive on April 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 2 weeks

Due to generalized arteriosclerosis 3-4 years

Due to —

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

Major findings:  
Of operations —

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? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature William S. Davis (Specify type of place) (e) Means of injury —  
(M. D. or other) MD

Address Charleston, Mo Date signed 4-25-47

Duration  
2 weeks  
3-4 years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2

District File Number 547-670

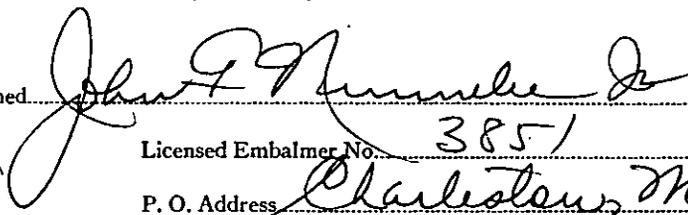
Date Filed 5-5-47

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 .....  
Licensed Embalmer No. 3851  
P. O. Address Charleston, W.V.

**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.