

FILED SEP 16 1947

State File No. ....

Registration District No. 251

Primary Registration District No. 57838

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Wilcox, Mo. "Rural" Polk  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1/4 Mile South of Wilcox  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 3 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74  
(c) City or town Wilcox, Mo. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/4 Mile South 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME FRANKIE COMPTON SHELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 15, 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 6 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER { 12. Name Purl Shell

13. Birthplace Wilcox Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Neva Jones

15. Birthplace Burlington Jct., Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Purl Shell

(b) Address Wilcox, Mo.

17. (a) Burial (b) Date thereof 9-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilcox Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) Sept. 5, 1947 (b) Beas Holt  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month August day 31,  
year 1947 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from 8/11  
1947 to 8/31 1947  
that I last saw him alive on 8/11 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chlorine myelitis?  
Myococci gran. eyes

Due to \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Months of injury)

23. Signature Maryville (M. D. or other) \_\_\_\_\_  
Address Maryville Date signed 9/27

Duration \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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..... *John W. Price*.....  
Licensed Embalmer No. *4281*.....  
P. O. Address. *Maryville 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.**