No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 3477

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36709

Registrar's No. 2310

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 4
(c) City or town Farber, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Box 26
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SHELTON, Albert C.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Una
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased April (Month) 10 (Day) 1886 (Year)

8. AGE: Years 61 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Easton, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet.Ad,.Hospital
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Farber, Missouri
18. (a) Signature of funeral director W.S.Waters Fu. Dir.
(b) Address Vandalia, Mo.
19. (a) 11-3-47 (Date received local registrar) (b) Carl A. Sharp MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29, year 1947 hour 2:35 minute P.M.

21. I hereby certify that I attended the deceased from October 14, 1947 to October 29, 1947 that I last saw him alive on October 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PNEUMOCONIOSIS	Unk
Due to 114	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 17

23. Signature L.E. STILWELL, (M. D. or other)
Address Vet.Adm.Hosp. Jeff.Bks. Mo. Date signed 10/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 8 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.....

Licensed Embalmer No.....

P. O. Address.....

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.