S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1947

Registration District No. 68

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4119

37429

State File No.

Registrar's No. 33

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark Mo.
(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: 1 (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Christian 22
(c) City or town: Ozark Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Rose E. Shelton
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: F 1
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec. (Month) 23 (Day) 1874 (Year)

8. AGE: Years 72 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: Christian County Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Keeper
11. Industry or business:
FATHER
12. Name: Jobe Cash
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Carey
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Blanch Hanka
(b) Address: Ozark Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Hopewell Cemetery
18. (a) Signature of funeral director: T. B. Chaffin
(b) Address: Ozark Mo.
19. (a) Oct 1-1947 (Date received local registrar) (b) Zardla Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 15 Aug. 47 Aug 31 1947, to ~~1 Sept~~ 1947 that I last saw her alive on ~~1 Sept 47~~ Aug 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	17 days
Due to: Arteriosclerosis, generalized	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

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: 0
23. Signature: S. D. Ryan (M. D. or other) MD
Address: Ozark, Mo Date signed 2 Sept 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1183
Date Filed NOV 14 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.