

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

1. PLACE OF DEATH:
 (a) County GRAND
 (b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
817 - EAST 15TH ST
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 67 years in County
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GRAND 40
 (c) City or town TRENTON 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 817 EAST 15TH ST
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE SHELTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 13
 year 1947 hour 2:10 minute A M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Louise Shelton
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug 25 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 15 Min

9. Birthplace Grady County Mo. 0
(City, town, or county) (State or foreign country)

Due to Chronic Myocarditis

10. Usual occupation Lumberman

Due to _____

11. Industry or business Lumber yard

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

12. Name Henry Shelton

Major findings: _____
 Of operations _____

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

Of autopsy _____

14. Maiden name Mary

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

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

16. (a) Informant Henry Shelton

22. If death was due to external causes, fill in the following:

(b) Address TRENTON, MISSOURI

(a) Accident, suicide, or homicide (specify) _____

17. (a) BURIAL (b) Date thereof Aug 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Grady County, Missouri

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Raymond Davis

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

(b) Address Trenton Mo

While at work? _____ (Specify type of place)
 (e) Means of injury 3

19. (a) 8-15-47 (b) Henry Fair
(Date received local registrar) (Registrar's signature)

23. Signature Raymond Davis Coronary Ismth Co.
(Name of other)
 Address Trenton Mo. Date signed 8-15-47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Robert B. Davis.....

....., Licensed Embalmer No. 4219.....

P. O. Address..... Trenton, 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.