

FILED MAR 6 1948

State File No. \_\_\_\_\_

Registration District No. 13

Primary Registration District No. 5056

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Rural (Corsicana Twp)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
5 mi SW of Purdy  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community Most of Life  
 years, months or days

3. (a) PRINT FULL NAME James Scott SHELL

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife Adaline Shell 6. (c) Age of husband or wife if alive dec'd years  
 7. Birth date of deceased February 26, 1862  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 11 13 -- hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Shell

(b) Address RFD, Purdy, Missouri

17. (a) Burial (b) Date thereof Feb. 12, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

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

(b) Address Cassville, Missouri

19. (a) 2-20-48 (b) W. M. West  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
 (c) City or town Rural (Corsicana Twp)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 mi SW of Purdy  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th.  
 year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1933 to Feb 9th, 1948  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Prostatism 10 yrs  
 Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 137R  
 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?

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature J. O. Baldwin (M. D. or other) \_\_\_\_\_  
 Address Purdy Mo Date signed 2-16-48

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

RECEIVED  
District Health Officer No. 6,  
District File Number 348-286  
Date Filed MAR 4 1948

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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 \_\_\_\_\_

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.