No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 11 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13374

Primary Registration District No. 3043

Registrar's No. 151

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1. PLACE OF DEATH:
(a) County: ~~Ralls~~ Marion
(b) City or town: HANNIBAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST ELIZABETH Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: HOSP- 1 DAY (Specify whether years, months or days)
In this community: 1 DAY

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: PIKE 82
(c) City or town: BOWLING GREEN 1 (If outside city or town limits, write "RURAL")
(d) Street No.: — (If rural, give location) 0
(e) Citizen of foreign country? — NO (Yes or No) 1
If yes, name country:

3. (a) PRINT FULL NAME: VIRGINIA BELLE SHELTON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: F
5. Color or race: NEGROE
6. (a) Single, widowed, married, divorced: M.
6. (b) Name of husband or wife: ALBERT J. SHELTON
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: MAY (Month) 30 (Day) 1901 (Year)

8. AGE: Years 46 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: BOWLING GREEN (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation: HOUSEWIPE
11. Industry or business: —
12. Name (FATHER): HENRY FLORENCE
13. Birthplace (FATHER): PIKE CO. (City, town, or county) MO (State or foreign country) 0
14. Maiden name (MOTHER): ANNE SLOAN
15. Birthplace (MOTHER): PIKE CO. (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant: ALBERT J. SHELTON
(b) Address: BOWLING GREEN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: BOWLING GREEN MO
18. (a) Signature of funeral director: J. A. Mudd
(b) Address: Bowling Green, Mo.
19. (a) 5-3-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28 year 1948 hour 9:15 minute A.M.
21. I hereby certify that I attended the deceased from 4-21 1948, to 4-28 1948, that I last saw him alive on 4-28 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings of operation: Surgery uterine fibroid	
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):
(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: [illegible] (M. D. or other)
Address: [illegible] Date signed: 5/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

VS MAR 2 4 1961

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 James C. Nudol

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.