S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1948

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17216

Primary Registration District No. 4433

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: PUTNAM

(b) City or town: UNIONVILLE
(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 ____ (Specify whether years, months or days)
In this community: 58 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PUTNAM 86

(c) City or town: UNIONVILLE 1
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: HARRIET ALICE SHELTON

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: FEMALE /

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED 9

6. (b) Name of husband or wife: W. A. SHELTON

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: MARCH (Month) 25 (Day) 1868 (Year)

8. AGE: Years 80 | Months 0 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace: DAVIS COUNTY (City, town, or county) IOWA (State or foreign country) /

10. Usual occupation: HOUSEWORK

11. Industry or business: HOUSEHOLD

MOTHER FATHER

12. Name: RICHARD COONS

13. Birthplace: ____ (City, town, or county) IOWA (State or foreign country) /

14. Maiden name: ELIZABETH PILE

15. Birthplace: ____ (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant: Margaret Whitworth

(b) Address: Unionville, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 20 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: UNIONVILLE CEMETERY

18. (a) Signature of funeral director: COMSTOCK FUNERAL HOME

(b) Address: UNIONVILLE, MO. BY J. W. Comstock

19. (a) 5-15-48 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17 year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 23, 1944 to April 17, 1948 that I last saw her alive on April 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of bowels	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Ch. Cardio-Renal Dis.	4 yrs

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 ____

23. Signature: W. H. Hohman (M. D. or other)

Address: Unionville, Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
Filed Number S-48-90
MAY 18 1948
Date Filed

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 Richard P Cassady, Registered Apprentice No. 76, working under my personal supervision.

Signed James W Comstock

Licensed Embalmer No. 4197

P. O. Address Yarmouth, Me

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.