FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1948

Registration District No. 213

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5781

State File No. 23598

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Brumley (Route 2)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Brumley, Route 2
(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

3. (a) PRINT FULL NAME James Clemons Shelton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Slena Belle Shelton

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February (Month) 14 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	22	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Bennet Shelton
13. Birthplace Miller County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rohdan Duncan
15. Birthplace Howell County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Slena Belle Shelton

(b) Address Brumley, Route 2, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/7/48 (Month) (Day) (Year)

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

18. (a) Signature of funeral director

(b) Address Iberia, Missouri

19. (a) July 14, 1948 (Date received local registrar) (b) Mrs. C. R. Hawkins (Registrar's signature) 193

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from March 1947 to July 6 1948
that I last saw him alive on June 30 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition from Cirrhosis of Liver	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 2

23. Signature M. E. Humphreys (M. D. or other) D.O.

Address Tuscumbia, Mo. Date signed 7-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 2 1948

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 Walter P. Hedges, Registered Apprentice No. _____, working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.