

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10761  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 318  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 234  
(c) City Springfield, Mo. (d) Street No. Burge Hosp. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Infant Son of Mr. Mrs. Paul Shelton 435  
(a) Residence, No. 600 Holland St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield, (STATE OR COUNTRY) Missouri13. NAME Paul Shelton14. BIRTHPLACE (CITY OR TOWN) Springfield, (STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Langston16. BIRTHPLACE (CITY OR TOWN) Springfield, (STATE OR COUNTRY) Missouri17. INFORMANT Paul Shelton (ADDRESS) Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE March 14, 193819. FUNERAL DIRECTOR H. H. Lohmeyer Funeral Home (ADDRESS) Springfield, Mo.20. FILE NO. Mar 17, 1938 Chas. George Rd Local Registrar 290

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13 38 only, 19...  
I last saw him still born alive on still born 19... Death is said to have occurred on the date stated above, at 5:54 a.m.  
The principal cause of death and related causes of importance were as follows:

Still born  
Date of onset

Other contributory causes of importance:  
unknown  
Name of operation no Date of no  
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Wm H. Selsky, M. D.  
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**

*This body not embalmed  
H# Lohme Funeral Home.*