DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31590

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3688

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4222 Windsor Ave.
(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 36 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 Windsor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr. Robert E. SHELTON.
3. (b) If veteran, name war No
3. (c) Social Security No. Unobtainable

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary E. Shelton.
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec (Month) 7 (Day) 1873 (Year)

8. AGE: Years 65 Months 9 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Franklin County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Department Manager (Baggage)
11. Industry or business Yellow Cab Co.
12. Name Samuel W. Shelton
13. Birthplace Franklin Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hyatt
15. Birthplace Franklin Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs J. B. Sanford
(b) Address 122 W 61st Ter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/39 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.
18. (a) Signature of funeral director Mellody-McGilley
(b) Address K. C. Mo.
19. (a) Sept 20 1939 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1939 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept, 1939 to Sept 18, 1939; that I last saw h. alive on Sept 15, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Decompensated Myocarditis	6 wks
Due to Carcinoma of Liver with diaphragmatic metastasis to lung	1 yr
Due to Chronic Gonorrhea Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(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 J. T. D. Wittenberg (M. D. or other)
Address 214 Bright Bldg. Date signed 9/19/39

(Licensed Embalmer's Statement on Reverse Side) 314 Porter

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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. 2999

P. O. Address..... R.C. 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, above space should be left blank.