. S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35069

Registration District No. ~~318~~ 185

Primary Registration District No. 5259

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Christian

(b) ~~City or town~~ ~~Springfield~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Linden Mays (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 1222 E. Pacific (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME JACKIE JOE SHELTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased April (Month) 5 (Day) 1925 (Year)

8. AGE: Years 15 Months 3 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Student 0

11. Industry or business In School 1

FATHER
12. Name Albert R. Shelton
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Edith G. Gladson
15. Birthplace ..... (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Albert R. Shelton

(b) Address 1222 E. Pacific

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 9-26-40 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1940 hour 12 minutes 35 P. M.

21. I hereby certify that I attended the deceased from ✓ ✓, 1940, to ....., 1940 that I last saw him dead on July 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Drowned in River	
Due to (by accident)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1 13	
Of autopsy 2 6	

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? 171 (Specify type of place)

While at work? ..... (e) Means of injury 5

23. Signature T. W. Maples (~~M. D. or other~~) Coroner

Address Clever - Mo Date signed July 6-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1140 2872
Date Filed NOV 14 1940

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 Ogle Stone Jr. Registered Apprentice No. 232 working under my personal supervision.

Signed Clement D. Noblett

Licensed Embalmer No. 14005

P. O. Address Springfield Ohio

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.