

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15979**

Registration District No. **805**

Primary Registration District No. **4484**

Registrar's No. _____

I. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Lancaster**
(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 _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler**
(c) City or town **Lancaster**
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

8. (a) PRINT FULL NAME **Serial L Shelton**
8. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

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 **16 1903**
(Month) (Day) (Year)

8. AGE: Years **38** Months **3** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Schuyler Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Jewelryman**

11. Industry or business **Jewelryman**

12. Name **William A. Shelton**

13. Birthplace **Schuyler**
(City, town, or county) (State or foreign country)

14. Maiden name **Edw. D. Putman**

15. Birthplace **Adair**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. Davidson**

(b) Address **Lancaster, Missouri**

17. (a) **Burial** (b) Date thereof **April 17 '41**
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **As per addition of I.O.F. Cemetery**

18. (a) Signature of funeral director **G. C. Linton**

(b) Address **Lancaster, Missouri**

19. (a) **Apr. 17-41** (b) **R. P. Drake**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16th**
year **1941** hour **7** minute **30 A. M.**
21. I hereby certify that I attended the deceased from **Mar 26th**
_____ 1941, to **Apr 16** _____ 1941;
that I last saw him alive on **Apr. 16** _____ 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis
Styphlogia
Due to **Influenza**

Due to **Tuberculosis** **18 years**
Capt. Long College
Other conditions _____
(Include pregnancy within 3 months of death) **12/10**

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?

23. Signature **Carl T. Davidson** (M.D. or other) **Dr.**
Address **Lancaster, Mo.** Date signed **4/17/41**

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

98000

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RECEIVED

District Health Officer No. 10

District File Number 5-41-1011

Date Filed MAY 20 1941

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~~.....

P. O. Jenton

Registered Apprentice No. 3705

working under my personal supervision.

Signed *P. O. Jenton*

Licensed Embalmer No. 3705

P. O. Address Lancaster, 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, above space should be left blank.