

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41674

JAN 14 1942

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside of city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 613 - 1/2 Main St. 1
(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 Cole
(c) City or town Jefferson City
(If outside of city or town limits, write "RURAL")
(d) Street No. 613 - 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Shelton

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color Negro 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased March 21 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Shoe Boy

11. Industry or business Porter

12. Name Irvin Shelton

13. Birthplace Richmond Virginia
(City, town or county) (State or foreign country)

14. Maiden name Mary

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

16. (a) Informant George Shelton
(b) Address 613 1/2 Main

17. (a) Burial (b) Date thereof Jan. 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Emma Sewell
(b) Address 700 Jefferson
19. (a) Jan 5 1942 (b) Norma Victor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1942 hour ? minute _____ M.

21. I hereby certify that I attended the deceased from not
_____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart weakness from
not
Due to _____

Due to Arterial Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 102

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature Edwin Maurer (M. D. or other)
Address Jefferson City Mo Date signed 1-5-42

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

6
5
4

894 (Licensed Embalmer's Statement on Reverse Side)

JAN 13

MAR 3 1942

Manion

DEC 4 - 1942

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 *J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jeff City, 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, fact should be so stated above.