

BUREAU OF THE CENSUS
FILED DEC 14 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 212Primary Registration District No. 3044Registrar's No. 59

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution: 2237 SPRUCE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 68 YRS
years, months or days

3. (a) PRINT FULL NAME WILDA-H. Shelton

3. (b) If veteran, name was none

3. (c) Social Security No. none

4. Sex FEMALE / race White

5. Color or race White

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

6. (b) Name of husband or wife E. C. Shelton

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

7. Birth date of deceased Sept 3 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Peter Sydebotham

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

14. Maiden name CATHERINE-EMILIA- COLLIER

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

16. (a) Informant Dr. E. C. Shelton

(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof Dec 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON. CEM.

18. (a) Signature of funeral director Keith McKay

(b) Address Eldon Mo

19. (a) 12-1-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

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

(d) Street No. 2237 SPRUCE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1942 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 11/18 1942 to 11/29 1942
that I last saw her alive on 11/29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death APOPXY

Due to ARTERIO-SCLEROSIS

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other)

Address Eldon Mo Date signed 12/1/42

Duration

11 day2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

STANDARD CERTIFICATE OF DEATH

State File No. 37591

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Miller
- (b) City or town Eldon
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
- (c) City or town _____
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month 20 year 1942 hour _____ minute _____ M.
- 21. I hereby certify that I attended the deceased from _____ 19____;
that I saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

- Due to _____
- Due to _____
- Other conditions _____
(Include pregnancy within 3 months of death)
- 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)
 - (b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____
- 23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

- 3. (a) PRINT FULL NAME Welda H. Shelton
- 3. (b) If veteran, name war _____
- 3. (c) Social Security No. _____

- 4. Sex F 5. Color or race W
- 6. (a) Single, widowed, married, divorced m
- 6. (b) Name of husband or wife _____
- 6. (c) Age of husband or wife if alive _____ years
- 7. Birth date of deceased: Sept 3
(Month) (Day) (Year)

- 8. AGE: Years 68 Months 2 Days 2
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

- 12. Name _____
- 13. Birthplace _____
(City, town, or county) (State or foreign country)
- 14. Maiden name _____
- 15. Birthplace _____
(City, town, or county) (State or foreign country)

- 16. (a) Informant _____
- (b) Address _____

- 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation _____

- 18. (a) Signature of funeral director _____
- (b) Address _____

- 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

