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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2637

State File No.

Registration District No. 163 Primary Registration District No. 2031 Registrar's No. 8

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Delta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 404 N. Main
(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 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson
(c) City or town Delta
(If outside city or town limits, write "RURAL")
(d) Street No. 404 N. Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME JAMES FRANKLIN SHELLY
3. (b) If veteran, name war none
3. (c) Social Security No. 305-12-664
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 8 (Day) 1887 (Year)
8. AGE: Years 55 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Huntington (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Cafe owner
11. Industry or business
FATHER 12. Name James Franklin Shelly
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rena Melich
MOTHER 15. Birthplace Huntington Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Wm Shelly
(b) Address 1345 Delphi Indianapolis Ind.
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Indianapolis Ind.
18. (a) Signature of funeral director Donnell B. Detch
(b) Address Delta Mo.
19. (a) 1-25-43 (Date received local registrar) (b) Leon Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from 1/20/ 1943 to 1-21 1943 that I last saw him alive on 1-20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hrs.
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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (Specify type of place) (e) Means of injury
23. Signature Chas E. Lalk (M. D. or other)
Address Delta Mo. Date signed 1/22/43

381 (Licensed Embalmer's Statement on Reverse Side)

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Sedalia 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.