

FILED MAR 16 1943  
Registration District No. **128**

Primary Registration District No. **4219**

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

1. PLACE OF DEATH:

(a) County **Wickory**

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

(c) Name of hospital or institution: **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 **life time** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Wickory** **43**

(c) City or town **Weaubleau, Mo** **7**  
(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 \_\_\_\_\_ **1**

3. (a) PRINT FULL NAME **Mary Effie Lottie Shelton**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **5** year **1943** hour **5** minute **20** M. **P**

4. Sex **fm** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Joseph Shelton** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 14, 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept.** 19**42** to **Feb. 5**, 19**43**; that I last saw her alive on **Feb. 5**, 19**43**; and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **75** Days **3** 21 **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death **Myocardial failure**

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

Due to \_\_\_\_\_

Due to **93rd**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Wife**

11. Industry or business \_\_\_\_\_

12. Name **Lee Allen**

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

14. Maiden name **Joseph Shelton**

15. Birthplace **Bettie Russell - Kentucky**  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Joseph Shelton**

(b) Address **Weaubleau, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2/8/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **J. L. Lickey**

(b) Address **Wheatland, Mo**

19. (a) **Feb 27-43** (Date received local registrar) (b) **Mary J. Carlstrom** (Registrar's signature)

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 **John Gail R. Easton** (M. D. or other) **2** **Mo**

Address **Weaubleau, Mo** Date signed \_\_\_\_\_

1094

Feb 25, 1943

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

2-43-74

3-3-43

**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. J. L...*

Licensed Embalmer No. *12989*

P. O. Address *Wheatland*

**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.