

Registration District No. 78 Primary Registration District No. 5305 State File No. _____
Registrar's No. 7

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Osage City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Osage City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole
(c) City or town Osage City
(If outside city or town limits, write "RURAL")
(d) Street No. Osage City Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Amelia 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan 1 1965
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer & Riverworker

11. Industry or business _____

12. Name Add Shelton

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

14. Maiden name Nancy A Smith (State or foreign country)

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

16. (a) Informant Mrs. Nancy Shelton

(b) Address Osage City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/43
(Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Eustace Bueschey

(b) Address Jefferson City, Mo.

19. (a) June 28 1943 (Date received local registrar) (b) Jacob R. Pautel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour _____ minute 51 M.

21. I hereby certify that I attended the deceased from no attendance, 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 Disease Duration _____

Due to _____

Due to Senility

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edw. Mansur (M. D. or other)

Address Jefferson City Mo Date signed 5-28-43

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

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.....

Victor Buescher

Licensed Embalmer No. 3501

P. O. Address.....Jefferson 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.