

FILED JUL 9 1943 137

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Home 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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

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

(d) Street No. 504 N. Washington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Shelby

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1943 hour 2 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 12
1943, to May 16 1943;
that I last saw he alive on May 14 1943;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race 2 Negro 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Feb 3-1880
(Month) (Day) (Year)

Immediate cause of death Commonly Acclusion Duration 4 da

8. AGE: Years 63 Months 3 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Pryor Shelby

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

14. Maiden name Martha Leonard

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

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 H. S. Walker (M. D. or other) M.D.
Address Clinton mo Date signed 5-17-43

16. (a) Informant Jessie Shelby

(b) Address Clinton mo

17. (a) Burial (b) Date thereof May 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Colby Cem

18. (a) Signature of funeral director Spaul & Son

(b) Address Clinton mo

19. (a) June 19 1943 (b) Georgia Kitchen
Date received by registrar (Registrar's signature)

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

42
2

10

RECEIVED
District Health Officer No. 7,
District File Number 6-43-633
Date Filed 7-8-43

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 W. Kenneth Jackson
Licensed Embalmer No. 3954
P. O. Address Clinton 2nd

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.