

3. No. 2  
-11-10-39  
5-17-39  
-1 X219

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24661

State File No. \_\_\_\_\_

FILED AUG 10 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4098

Registrar's No. 147

1. PLACE OF DEATH:

(a) County CASS  
(b) City or town BELTON  
(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 61 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CASS  
(c) City or town BELTON, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION (?)

20. DATE OF DEATH: Month July day 26  
year 1943 hour ? minute ? M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death General Debility  
Old age found dead  
in back yard.

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? \_\_\_\_\_

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

23. Signature P. W. Guffey (M. D. or other) \_\_\_\_\_

Address Harwoodville Date signed 7/27/43

3. (a) PRINT FULL NAME THOMAS MADISON SHELTON

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

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

6. (b) Name of husband or wife SADIE SAUTZ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19, 1853  
(Month) (Day) (Year)

8. AGE: Years 90 Months 0 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CABELL Co. VA.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING (RETIRED)

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

12. Name HENRY WINSTON SHELTON

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

14. Maiden name SARAH WILSON

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

16. (a) Informant MRS. A. D. JAMES

(b) Address 6325 MORNINGSIDES DR - K.C. Mo.

17. (a) BURIAL (b) Date thereof July 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELTON, Mo.

18. (a) Signature of funeral director P. K. James

(b) Address Belton, Mo.

19. (a) Aug. 2, 1943 (b) Margaret Tolson  
(Date received local registrar) (Registrar's signature)

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

19  
00

1047

(Licensed Embalmer's Statement on Reverse Side)

Cornier-Cass Co.

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**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.

*Not embalmed.*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**