

**FILED FEB 14 1944**

Registration District No. **17**

Primary Registration District No. **4555**

Registrar's No. **12**

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

1. PLACE OF DEATH:

(a) County **Davess**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Johnson Rainey Shell, Jr.**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Nola Shell**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **4 - 22 - 1871**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>72</b>	<b>9</b>	<b>2</b>	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Johnson R Shell Sr.**

13. Birthplace **Do not know** (City, town, or county) (State or foreign country)

14. Maiden name **Do not know**

15. Birthplace **Do not know** (City, town, or county) (State or foreign country)

16. (a) Informant **Nola Shell**

(b) Address **Coffey Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **1-26-1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Murphy Ave Bethany Mo.**

18. (a) Signature of funeral director **L. Williams**

(b) Address **Bethany Mo.**

19. (a) **1-27-1944** (Date received local registrar)

(b) **L. Williams** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Davess**

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **24** year **1944** hour **4** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 23**, 19**44**, to **Jan 24**, 19**44**, that I last saw him alive on **Jan 24**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolus**

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **gpa**

Of autopsy

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? (e) Means of injury

23. Signature **P. Shuman** (M. D. or other)

Address **Coffey Mo.** Date signed **1/26/44**

PHYSICIAN

Underline the cause to which death should be charged statistically.

1084

(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.....

Licensed Embalmer No. *1078*

P. O. Address *Bethany, 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.**