. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

Registration District No. 64

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5242

State File No. 21348

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Chariton-Bee Branch Twp

(b) City or town New-Cambria Rural
(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 (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21 0 0

(c) City or town New Cambria Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Winfred Shelton

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 Hattie Elizabeth Smith Shelton

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 13 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	18	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew Shelton
13. Birthplace ✓ Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Anna Rodgers
15. Birthplace ✓ Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Shelton
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-1944
(Month) (Day) (Year)
(c) Place: burial or cremation Johnson Ceme

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 6/3/44 (Date received local registrar) (b) R O Gehrig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
year 1944 hour 6 minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw alive on Called as Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of the head

Due to Rifle bullet

Due to

Other conditions Mental depression
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

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) Suicide
(b) Date of occurrence June 1 1944
(c) Where did injury occur? Chariton Mo
(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 Harry E Tatum
Address Brunswick Mo Date signed 6/4/44

1023 (Licensed Embalmer's Statement on Reverse Side)

JUN 21 1944

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline M

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.