

FILED DEC 28 1944

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 919

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural, S. Campbell Twp.
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(d) Length of stay: In hospital or institution 8 months, 4 days
In the community 8 months, 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Wayne
(c) City or town Ecorse
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME SHELTON, Clinton J.

3. (b) If veteran, name war World War II 3. (c) Social Security No. UNK.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased October 31 1917

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>27</u>	<u>1</u>	<u>16</u>	hr. min.

9. Birthplace Birmingham Alabama

10. Usual occupation Laborer

11. Industry or business

12. Name Andrew W. Shelton

13. Birthplace York South Carolina

14. Maiden name Katie Fullford

15. Birthplace York Alabama

16. (a) Informant File

(b) Address M. C. F. P.

17. (a) Removal (b) Date thereof 12-16-44

(c) Place: burial or cremation Ecorse, Michigan

18. (e) Signature of funeral director Fred C. Thome

(b) Address Spr. Mo.

19. (a) 12-16-44 (b) Spr. Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1944 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 11, 1944 to December 15, 1944; that I last saw him alive on December 15, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced, bilateral pulmonary tuberculosis with cavitation

Duration 14 months or more.

Other conditions As above. Also Axillary, mediastinal and mesenteric adenitis, tuberculosis. Bilateral pleural adhesions.

Major findings: Of operations As above. Also Axillary, mediastinal and mesenteric adenitis, tuberculosis. Bilateral pleural adhesions.

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) (c) Means of injury

23. Signature Ed Moreland (M. D. 25063)

Address Med. Center Fed. Prisoners Date signed 12-16-44

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

MOTHER FATHER

39
059

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.....*Fred C. Thieme*.....

Licensed Embalmer No. *2899*.....

P. O. Address.....*Springfield, 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.