

FILED FEB 13 1945

Registration District No. 2

Primary Registration District No. 3028

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Carthage 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME PETER FRANKLIN SHELTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Myrtle McElhaney Shelton 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 27, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 9 hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Theodore Shelton
13. Birthplace X Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Griffin
15. Birthplace X Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. F. Shelton
(b) Address Route #1, Carthage, Mo.

17. (a) Burial (b) Date thereof 1-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Missouri

19. (a) Jan 5 '45 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th, year 1945 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 10, 1944, to Jan 5, 1945, that I last saw him alive on Jan 4, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Chronic Liver

Due to

Other conditions (Include pregnancy within 3 months of death) 468

Major findings: Of operations

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. C. Baker (M. D. or other) Address: Publisher Date signed 1/5/45

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

45-1-78

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..... *Ed Williams*
..... Licensed Embalmer No..... *2222*
..... P. O. Address..... *Carthage*

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.