

No. 2
1-2-43
5-17-39
1 X3567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37885

FILED DEC 7 1945
Registration District No. 806

Primary Registration District No. 5754

State File No. _____
Registrar's No. 72

1. PLACE OF DEATH:

(a) County Madison

(b) City or town St. Michael "Rural" ~~Mo.~~
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 64

(c) City or town Fredericktown, "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #4 1-
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY CYNTHIA SHELTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph M. Shelton 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased August 7 1870
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>75</u>	<u>3</u>	<u>10</u>	hr. min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name King Tinnin

13. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Tessreau

15. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph M. Shelton

(b) Address R.F.D. #4 Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Co. Missouri

18. (a) Signature of funeral director Stanley S. Sison

(b) Address Fredericktown, Missouri

19. (a) 11-19-45 (b) Therence Hicks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th
year 1945 hour 10:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov. 16, 1945, to Nov. 17, 1945,
that I last saw her alive on Nov. 17, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 2 days
Following liver colic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Bladder (Cystitis) and gall bladder trouble

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 M. Harry Borron (M. D. or other) _____
Address Fredericktown Mo Date signed 11/19/45

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

MOTHER FATHER

1566

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1245-1356

Date Filed 12-6-45

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 *Stanley A. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, 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.