

S. No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1946
Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 5143

State File No. 36224
Registrar's No. 372

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Hilliard
(c) Name of hospital or institution: Poplar Bluff Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Hilliard
(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 _____

3. (a) PRINT FULL NAME Joel W. Shelton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 31 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William D. Shelton

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Locke Malinda Wells

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Holiday

(b) Address Piedmont, Mo.

17. (a) Burial (b) Date thereof 11/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Greer Croy & Hitch
(b) Address Poplar Bluff Mo.

19. (a) 11-18-46 (b) R. H. Mueller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 7
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 24 Oct. 1946 to 6 Nov. 1946
that I last saw him alive on 6 Nov. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

Due to Chronic Bronchitis

arteriosclerotic heart disease

Other conditions Emphysema
(Include pregnancy within 3 months of death)
C. A. Post M. D.

Major findings:
Of operations _____
Of autopsy 931D

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 1

Signature C. A. Post (M. D. or other) _____
Address Poplar Bluff Mo Date signed 11/20/46

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

35043

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RECEIVED

District Health Office No. 2,

District File Number 1146-1366

Date Filed 11-21-46

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 Wallace M. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.