

No. 2  
12-45  
17-39  
X27070

Registration District No. **374**

Primary Registration District No. **6153**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Stoddard**

(b) City or town **3 miles west of Vanduser**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3 miles west of Vanduser**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) **3 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Stoddard** **103**

(c) City or town **Bell City (Rural)** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 1** **1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Arzonias Shelby**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **February** day **7**  
year **1947** hour **10** minute **30 A.** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**4. Sex** **Male** **2** **5. Color or race** **Negro**

**6. (a) Single, widowed, married, divorced** \_\_\_\_\_

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years

**7. Birth date of deceased** **October 4, 1943**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
*Probably pneumonia as shown by investigation*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:**

| Years    | Months   | Days     | If less than one day |
|----------|----------|----------|----------------------|
| <b>3</b> | <b>4</b> | <b>3</b> | hr. _____ min. _____ |

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**9. Birthplace** **Portageville, Missouri** **0**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** **Tommie Lee Shelby**

**13. Birthplace** **Mississippi** **1**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Luvonia Townsend**

**15. Birthplace** **Darlings, Mississippi** **1**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Luvonia Shelby**

**(b) Address** **Route 1, Bell City, Mo.**

**17. (a) Burial** **McMullen Cemetery** **(b) Date thereof** **Feb. 9, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **McMullen Cemetery**

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) **neither**

(b) Date of occurrence **Feb. 7, 1947**

(c) Where did it occur? **Route 1, Vanduser, Stoddard, Mo.**  
(City or town) (County) (State)

(d) Did it occur in or about home, or farm, or industrial place, or public place?  
**In car on public road**  
(Specify type of place)

While at work? **no** (e) Means of injury \_\_\_\_\_

**23. Signature** **Dexter, Mo.** (M. or other) **3**

**Address** **Dexter, Mo.** **Date signed** **2-7-47**

**18. (a) Signature of funeral director** **Z. J. Sparks**

**(b) Address** **Cape Girardeau, Mo.**

**19. (a) 3-7-47** **(b) E. J. Stroup** **✓**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

361

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..... *Frank Sparks* .....

Licensed Embalmer No. *3455* .....

P. O. Address..... *Cape Girardeau?* .....

**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.

2B  
45  
X43880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 727

FILED APR 29 1947

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Stoddard Rural  
(b) City or town 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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Arizona Shelby

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

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 4 1913  
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. mo

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) April 7, 1947 (b) E. S. Stroup  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day \_\_\_\_\_ year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ after on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
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. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-3690