

FILED MAR 11 1947

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Miller Co

(b) City or town ELDON  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
122 E. North st. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME Mary Alice Shelton

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 2, 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 4 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace CARBONDALE Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER { 12. Name John Henry Smith

FATHER { 13. Birthplace unknown  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Potts

FATHER { 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Shelton

(b) Address 117 Admiral K.E. Cro.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Dookey Cem.

18. (a) Signature of funeral director Frank McKays

(b) Address Caldon Mo

19. (a) 3-8-47 (Date received local registrar) (b) Alveretta Walt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

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

(d) Street No. 122 E. North St.  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1947 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from March 5  
1947 to March 7 1947  
that I last saw her alive on March 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage  
Arterio Sclerosis  
hypertension.

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

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

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

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? \_\_\_\_\_

23. Signature A. Shelton (M. D. or other) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Address ELDON Mo Date signed 3-8-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 9,  
District File Number 3/10/47  
Date Filed APR 11 1947

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 Keith M. Fays  
Licensed Embalmer No. 3998  
P. O. Address Eldon 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.