S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7543

Registration District No. Sarno 323

Primary Registration District No. 3074

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution:
Sikeston General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Morehouse 3
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JacobeLShelby

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced D 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 (Month) 23 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	5	3	hr. min.

9. Birthplace Scott Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name J. E. Shelby
13. Birthplace Unknown (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Nancy H. Caldwell
15. Birthplace New Madrid (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Linley Heuiser
(b) Address Sikeston, Mo. R.DF.D.3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, M.

18. (a) Signature of funeral director H.W. Albritton
(b) Address Sikeston, Mo.

19. (a) 2-20-47 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26 year 1947 hour 11 minute 30 p M.

21. I hereby certify that I attended the deceased from 1-26, 1947, to 1-26, 1947 that I last saw him alive on 1-26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 Day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 P

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. M. Sarno M D (M. D. or other)

Address Morehouse Mo Date signed 1-30-47

303

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-274
Date Filed 2-24-47

MAR 6 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 John Allerton

Licensed Embalmer No. 9941

P. O. Address Sikeston

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.