

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JUN 17 1947

State File No. _____

2409

Registration District No. 147

Primary Registration District No. 1007

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 30 minutes
(Specify whether years, months or days)

In this community 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Bryan 999

(c) City or town Durant 34
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 West Louisiana Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME James Mood SHELTON

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Loretta Shelton

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 6 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>26</u>	hr. min.

9. Birthplace Pie County, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Meter Reader

11. Industry or business Durant Gas Company

12. Name James Shelton

13. Birthplace --- No. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Ella Fenter

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

MOTHER FATHER

16. (a) Informant Mrs. B. F. Miller

(b) Address 2043 E. Gregory, K. C., Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-2-47
(Month) (Day) (Year)

(c) Place: burial or cremation Durant, Oklahoma

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Mo.

19. (a) 6-2-47 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1947 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Due to 940

Due to _____

Other condition Deputy Coroner
(Include pregnancy within month of death)

Major findings: History & Inspection
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be attributed 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) _____ (Means of injury)

23. Signature A. E. Upsher (M. D. or other) MS
Address 2800 Main Date 6/2/47

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

MAR 5 1948

JUL 3 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: *Blair E. Heck*

Licensed Embalmer No. *4063*

P. O. Address: *Kansas City, 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.