

FILED JUN 19 1947

State File No. _____

Registration District No. 274

Primary Registration District No. 9407

Registrar's No. 210

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Lamonte Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town LaMonte
(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 John Breckenridge Shelley
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 8
 year 1947 hour 5 minute 30 A. M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Betty Edwards Shelley 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased May 20 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28 1947 to June 8 1947
 that I last saw him alive on June 8 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
1. Coronary myocardial infarction
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	83	19	19	hr. _____ min.

Due to _____
 Due to _____
 Other conditions Diabetic nephritis
(Include pregnancy within 3 months of death)

9. Birthplace Cooper County Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired farmer

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John Dee Shelley
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Ellen Rue
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Betty E. Shelley
 (b) Address LaMonte Mo.

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? _____

17. (a) Burial (b) Date thereof 6-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LaMonte Cemetery

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Daniel M. Moore
 (b) Address LaMonte Mo.
 19. (a) 6-10-47 (b) Betty Yeager
(Date received local registrar) (Registrar's Signature)

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed [Date]

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

RECEIVED

District Health Officer P.O. 8,

District File Number

Date Filed 6-18-47

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.