

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

**1. PLACE OF DEATH:**  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1103 E. 6th  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 9 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pettis 80  
 (c) City or town Sedalia 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1103 E. 6th 4  
(If rural, give location)  
 (e) Citizen of foreign country? no 0  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Lillie May Shelby  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug. day 16  
 year 1947 hour 5 minute 45 A. M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife L. B. Shelby  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: May 10 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 24 1945 to Aug. 16 1947  
 that I last saw him alive on Aug. 15 1947  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 87 Months 3 Days 6  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: myocardial failure.  
 Due to debility & senescence  
 Due to carcinoma of liver.

9. Birthplace: Cooper Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
**PHYSICIAN**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 4/6  
 Underline the cause to which death should be charged statistically.

**10. Usual occupation** Housewife  
**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
 12. Name J. C. Kelly  
 13. Birthplace Alabama  
(City, town or county) (State or foreign country)  
 14. Maiden name Maria Duncan  
 15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

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?  
 \_\_\_\_\_ 2

16. (a) Informant: M. H. Shelby  
 (b) Address 1103 E. 6th Sedalia Mo  
 17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Lexington Mo  
 18. (a) Signature of funeral director: Mrs. Laughlin Bros  
 (b) Address Sedalia Mo  
 19. (a) 8-16-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. W. Maunders DO.  
(M. D. or other)  
 Address 5017 I. Engine Sedalia Mo Date signed 8/16/47

died 5:40 A.M Aug 16

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-11-47

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 K.P.M. Crary  
Licensed Embalmer No. 3153  
P. O. Address Sedalia 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.