

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 12 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28717**

Registration District No. **297**

Primary Registration District No. **4446**

Registrar's No. **90**

**1. PLACE OF DEATH:**

(a) County Ray

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

(c) Name of hospital or institution South Hardin  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 yrs.  
(Specify whether in this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Ray

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

(d) Street No. 1  
(If rural, give location)

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

If yes, name country No.

**3. (a) PRINT FULL NAME** John Langham Shelton

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 15 year 1947 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 14 1947, 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.

4. Sex ms 5. Color or race w

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

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

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

7. Birth date of deceased Apr - - 27 - 1864  
(Month) (Day) (Year)

Immediate cause of death Myocardium

Due to Indigestion

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

Other conditions Myo Carditis  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<u>83</u>	<u>6</u>	<u>19</u>	hr. min.

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 93D

9. Birthplace Leitchburg - Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer & Holbyer

11. Industry or business Retired

12. Name John Liles Shelton

13. Birthplace unknown - Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(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? \_\_\_\_\_

16. (a) Informant Herbert J. Shelton

(b) Address 3414 Broadway

17. (a) Burial (b) Date thereof 8-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cemetery

18. (a) Signature of funeral director R.P. Boggs

(b) Address Madison Mo

19. (a) Aug 19 - 1947 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury 0

23. Signature Marven Harris (M. D. or other) \_\_\_\_\_

Address Hardin, Mo. Date signed 7/16/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. R.

District File Number

Date Filed 9-11-67

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 *George P. Hill*

Licensed Embalmer No. 4066

P. O. Address *Delaware, 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.