

FILED OCT 15 1947

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 354

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

1. PLACE OF DEATH:

(a) County Butter

(b) City or town 1/2 mile East of Brasley, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1 Ash Hill Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME George Thomas Shelton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 13, 1858
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Frisby, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George Shelton

{ 13. Birthplace Scott County, Mo. (City, town, or county) (State or foreign country)

{ 14. Maiden name Penny Norman

{ 15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Phoebe Dunning

(b) Address Butter Co., Mo.

17. (a) B (Burial, cremation, or removal) (b) Date thereof 10-7-47
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 10/10/47 (b) John Minette (Date received local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butter County

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

(d) Street No. 1/2 Mile East of Brasley, Mo.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 6
year 1947 hour 4:30 minute P.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 Myocarditis
Senility

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

Signature John Minette (Date signed) 10/7-47

Address Poplar Bluff, Mo.

RECEIVED

District Health Office No. 2,

District File Number *10-11-1324*

Date Filed *10-13-17*

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

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed *Grover W. Greer*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluffs 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.