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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34798

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Emergency Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hrs (Specify whether
In this community 12 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Mt Washington (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 616 Arlington 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM M. SHELTON

3. (b) If veteran, name war No

3. (c) Social Security No. 493 12 3716

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 1, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	16	hr. min.

9. Birthplace — (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Eayne C. Shelton
13. Birthplace (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Charlotte Anderson
15. Birthplace (City, town, or county) Sweeden (State or foreign country) 4

16. (a) Informant Mrs. Pearl Shelton

(b) Address 616 Arlington, Mt Washington (Ruarl)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City Missouri

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn Kansas City, Missouri.

19. (a) 10-18-47 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17
year 1947 hour 1 minute 55 A M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to —, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arnuchi-pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 4 A

Of autopsy yes as above

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other) Coroner
Address 1924 [illegible] Date signed 10-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 Harlan H Meyer, Registered Apprentice No. 506, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.