S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39286

State File No.

Registration District No. 294 — Primary Registration District No. 6010 — Registrar's No. 254

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Sugar Creek (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 East of Moberly on Railroad (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 18 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. R F D #2 Moberly MO. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEE BERTIE SHELTON
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie L. Shelton
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January (Month) 15 (Day) 1882 (Year)

8. AGE: Years 65 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Calhoun Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name John Shelton
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Hallie Smith
15. Birthplace Calhoun Co. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Annie L. Shelton
(b) Address R F D #2 Moberly MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly MO.
19. (a) Nov 11-47 (Date received local registrar) (b) Leah Williams Louie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th year 1947 hour 2 minute 09 A.M.
21. I hereby certify that I attended the deceased from ..... to ..... 19....; that I last saw h..... alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Death Hit by Freight Train
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 16 9 8 2 11
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 88
(b) Date of occurrence Nov-9-47
(c) Where did injury occur? Randolph (City or town) (County) MO. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Wabash R.R. Track East of Moberly (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) DC
Address 424 N. Reed Date signed 11/10/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-47-1583
Date Filed NOV 17 1947

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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 417

P. O. Address Moberly 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.