

S. No. 2
M-2-43
S-17-39
X33897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41362

FILED DEC 22 1947
190

State File No. _____
I04
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
Gentry
(a) County Rural Athens Township
(b) City or town
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Liegarw Shelby
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Heine 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased September 16, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business Cyrus J. Shelby

12. Name Unk Unk 9

13. Birthplace (City, town, or county) (State or foreign country) Near Payne

14. Maiden name Unk Mo. O

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

16. (a) Informant Mrs. John Shelby

(b) Address Albany, Mo. R.F.D.

17. (a) Burial (b) Date thereof 12-11-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director Blifford Brooke Albany, Mo.

(b) Address
19. (a) Dec. 13, 1947 (b) Hans N. Webster (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gentry 38
(c) City or town Albany, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. 8 day 10 hour 55P. minute

21. I hereby certify that I attended the deceased from June 37, 1947 to 12-8, 1947 that I last saw him alive on 12-8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 5 day
Due to Arterial Hypertension many

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: 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) (a) Means of injury
23. Signature Frank A. Rose M.D. (M. D. or other M. D.) Albany, Mo. Date signed 12-9-47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Clifford Brooks
Licensed Embalmer No. 3329
P. O. Address Albany, 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.