

No. 2
I-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

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

State File No. 2110

Registration District No. 293 Primary Registration District No. 444 Registrar's No. 42

1. PLACE OF DEATH:
(a) County RANDOLPH
(b) City or town CLIFTON HILL
(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. (Specify whether years, months or days) 10 YEARS

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

3. (a) PRINT FULL NAME JOHN JEN SHELBY
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M race W 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife FLORENCE (c) Age of husband or wife if alive years
7. Birth date of deceased AUG. 22 1959 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 12 If less than one day hr. min.

9. Birthplace TEXAS CO MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business
12. Name WILLIAM SHELBY
13. Birthplace TEXAS MO (City, town, or county) (State or foreign country)
14. Maiden name ROSA BAKER
15. Birthplace JENN JENN (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address CLIFTON HILL

17. (a) BURIAL (b) Date thereof 1-6-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PANTHER VALLEY

18. (a) Signature of funeral director KELLEY-FERRILL

(b) Address FORDLAND MO
19. (a) 1-11-1948 (b) Mrs. D.A. Barnhart (Date received local registrar) (Registrar's signature) 270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4 year 1948 hour 4 PM minute M.
21. I hereby certify that I attended the deceased from Feb 10 1946 to JAN 4 1948
that I last saw him alive on JAN 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS & DEGENERATION
Duration 2 YRS.

Due to
Due to
Other conditions SENILITY (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?

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

23. Signature G. Noel Rain (M. D. or other) D.O.
Address Clifton Hill, MO Date signed 1-4-48

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

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STATE OF MICHIGAN

FILED
JAN 14 1948
Date Filed
1-48-60
Officer No. 10

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell Ind

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.