S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 18 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15507
Primary Registration District No. 1000
Registrar's No. 527

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2712 So. 24th. St. (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: 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2712 So. 24th. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: William Arthur Shell Sr.
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-09-9559
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myrtle Shell
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: December (Month) 19 (Day) 1892 (Year)

8. AGE: Years 55 | Months 4 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace: Deepwater (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Lehr Construction Co.

MOTHER FATHER
12. Name: Talbert Shell
13. Birthplace: Effingham (City, town, or county) Kansas (State or foreign country)
14. Maiden name: Frances Moore
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Mrs. Myrtle Shell
(b) Address: 2712 So. 24th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12, 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery.
18. (a) Signature of funeral director: Norman W. Sidenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) May 10, 1948 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 2867

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 9th, 1948 to May 9, 1948 that I last saw him alive on May 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 1 day
Due to: man died suddenly in his home, without symptoms of previous serious illness.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: no

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):
(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: H. F. Mundy (M. D. or other)
Address: 404 So. 30 St. Joseph, Mo. Date signed: 5/10/48

Jefferson City Printing Co. (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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.