V. S. No. 2
50M—1947
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16508
Registrar's No. 2048

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2903 Olive St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2903 Olive St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Edgar Shelton
3. (b) If veteran, name war No
3. (c) Social Security No. unknown 495-20-4504
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Myrtle Shelton
6. (c) Age of husband or wife if alive 58 yrs.
7. Birth date of deceased January 15, 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Carroll County, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Moran Liquor Store
FATHER
12. Name T.B.Shelton 0
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruth Foster
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Myrtle Shelton
(b) Address 2903 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Mt.St.Mary's
18. (a) Signature of funeral director Thos.E.Quirk
(b) Address 4316 Troost Ave.
19. (a) 5-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1948 hour 1.40 P.M. minute M.

21. I hereby certify that I attended the deceased from April 13, 1948, to May 10, 1948; that I last saw him alive on May 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Addison's Disease	6 mos.
Due to	
Due to	
Other conditions Chronic Gastritis 65 (Include pregnancy within 3 months of death)	
Uremia	
Major findings Of operations 3-12-1947 Prostatic Lithiasis 1932 Hemorrhoids	
Of autopsy —	

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 0

23. Signature Robert Jansen (M. D. or other) M.D.
Address 2220 E 31st St Date signed 5-11-48

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 Thomas E. Lewis

Licensed Embalmer No. 3775

P. O. Address K.C. 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.