S. No. 2
—8-43
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18651

Registration District No. 27 Primary Registration District No. 5079 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural Spruce Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mi NW Montrose MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 56 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates 7
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Shelton
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenora
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 23 (Day) 1892 (Year)

8. AGE: Years 56 Months 1 Days 28 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farming
11. Industry or business General
FATHER
12. Name Alford Shelton
13. Birthplace Bates Co. Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Martha Atkins
15. Birthplace Bates Co. Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Leo Brownsberger
(b) Address Montrose Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 24 May 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose Cemetery
18. (a) Signature of funeral director Welling Bros
(b) Address Appleton City Mo
19. (d) May 28-48 (Date received local registrar) Kendall Kusy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1948 hour 10 minute 30 P M.
21. I hereby certify that I attended the deceased from 21 May 1948 to 21 May 1948 that I last saw him alive on 21 May 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature O. Gellooldridge (M. D. or other)
Address Butler Mo Date signed 22 May 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-48-753
Date Filed 7-7-48

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~~ .....
on the 11 day of May 1948, Registered Apprentice No. .....,
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.