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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36869

Primary Registration District No. 1002

Registrar's No. 4343

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: General Hospital #1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 62 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(If outside city or town limits, write "RURAL")

(d) Street No. 1112 Admiral Blvd.

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

48
3
50

3. (a) PRINT FULL NAME CHARLES P. SHELTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Nellie Shelton

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 8, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	15	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Sears Roebuck & Co.

FATHER

12. Name Z. T. Shelton

13. Birthplace Cass County, Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Elizabeth Newell

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

16. (a) Informant Mrs. Nellie Shelton

(b) Address 1112 Admiral Blvd. K.C. Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/26/48 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Independence Mo.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 10-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct. 18, 1948, to 10-23, 1948; that I last saw him alive on 10-18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Pulmonary tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13	
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 0

23. Signature Wm. W. Hart (M. D. or other M. D.)

Address General Hospital K.C. Mo. Date signed 10/23/48

(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 Richard D. Mullins, Registered Apprentice No. 268, working under my personal supervision.

Signed Charles F. Tyler

Licensed Embalmer No. 14534

P. O. Address Lodge 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.