S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 9 1947
Registration District No. 237

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24956
State File No.
Primary Registration District No. 4382
Registrar's No. 758

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Parnell, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No street address
(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)
In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Parnell
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME CHARLES ANDREW SHELMAN
3. (b) If veteran, name war — — — — — — — —
3. (c) Social Security No. — — — — —

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Ellen Shelman
6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased October (Month) 24, (Day) 1862 (Year)

8. AGE: Years 84 | Months 9 | Days 0 | If less than one day — hr. — — min.

9. Birthplace Pickering (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business None

MOTHER FATHER
12. Name Adam Shelman
13. Birthplace Hilsboro (City, town, or county) Iowa (State or foreign country)
14. Maiden name Sarah Watson
15. Birthplace Hilsboro (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Laura Ellen Shelman
(b) Address Parnell, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 E. 1st, Maryville, Mo.
19. (a) 7/29/47 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th year 1947 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 17, 1947, to July 24, 1947, that I last saw him alive on July 16, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coma	
and Kidneys	
Due to	
Due to	
Other conditions (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 Egbert Crowson (M. D. or other)
Address Parnell Mo Date signed 7/29/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1964

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUL 6 1965

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 John W. Price.

Licensed Embalmer No. 4281

P. O. Address Maryville 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.