

WVAUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24270
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 309
(b) Township New Primary Registration District No. 1002 Registered No. 2775
(c) City Linn City (d) Street No. Wesley Hospital St.
(If death occurred in Hospital or Institution write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Zona Mae Sheeker
(a) Residence, No. 1017 E 10th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Sheeker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 '89

7. AGE YEARS 49 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elberton Mo

FATHER
13. NAME Frank Hastings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Julia English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Billy Williams
(ADDRESS) 1017 E 10th

18. BURIAL, CREMATION, OR REMOVAL PLACE Hampton Mo DATE July 31
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Durbin Coe & Sons Brushcreek + Pass

20. FILED 7-10-38 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1938 to July 8 1938
I last saw him alive on July 8 1938 Death is said to have occurred on the date stated above, at 4:10 P.M.
The principal cause of death and related causes of importance were as follows:
apoplexy -
hypertension
Date of onset 6/21/38

Other contributory causes of importance:
hypertension

Name of operation Trephine Date of 7/7/38
What test confirmed diagnosis? typical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. V. Stapp M. D.
(Address) 1103 Pearl

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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 _____

Will C.

Licensed Embalmer No. *3976*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

ANSWERS TO ALL SPACES
MADE IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24270
Do not use this space.

PLACE OF DEATH

County Jackson
Township K. C.
City K. C.

Registration District No. 299
Primary Registration District No. 1202

Registered No. 2775

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

Zona Mae Sheeks

Sheeks

Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Sheeks

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS 49 MONTHS 10 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/10 1938 Mrs. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. J. Staff, M. D.

(Address) 1103 Grand ave

SUPPLEMENTAL

