

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13655

Do not use this space.

RECORDED MAY 10 1939

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399

(b) Township KAW Primary Registration District No. 100

(c) City KANSAS CITY (d) Street No. 4210 HOLMES Registered No. 1400

(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.

2. PRINT FULL NAME MRS. ELIZABETH HEFLIN SHELDON

(a) Residence, No. 4210 - HOLMES 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ENOS B. SHELDON</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JULY-30-1863</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>MARYVILLE</u> (STATE OR COUNTRY) <u>MISSOURI</u>			
	13. NAME <u>UNKNOWN HEFLIN</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>UNKNOWN</u> (STATE OR COUNTRY) <u>UNKNOWN</u>			
	15. MAIDEN NAME <u>UNKNOWN</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>UNKNOWN</u> (STATE OR COUNTRY) <u>UNKNOWN</u>				
17. INFORMANT <u>MRS. WILLIAM H. HILL</u> (ADDRESS) <u>4210 - HOLMES STREET</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MARYVILLE CEMETERY, MISSOURI</u> DATE <u>APRIL-3 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>D. W. NEWCOMER, SONS</u> (ADDRESS) <u>1401 - BRUSH CREEK BLVD.</u>				
20. FILED <u>Apr 2 1939</u> <u>Dr. Browne</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>APRIL-1 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 20 1938</u> to <u>April 1 1939</u>	
I last saw <u>her</u> alive on <u>April 1st 1939</u> . Death is said to have occurred on the date stated above, at <u>7:50 P.M.</u>	
The principal cause of death and related causes of importance were as follows: <u>Cerebral Haemorrhage</u>	
	Date of onset
Other contributory causes of importance: <u>Rephritis (Ch. Interstitial)</u> <u>Hypertension</u> <u>Myocardial Degeneration</u>	
Name of operation <u>none</u> Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? <u>no</u> (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? <u>no</u> If so, specify _____	
(Signed) <u>J. P. Monahan</u> , M. D.	
(Address) <u>211 Argyle Bldg</u> <u>Irre mo</u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*For information
H.D.
...*

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address

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, above space should be left blank.