

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

FILED FEB 17 1940

2202

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township _____ Primary Registration District No. 4150
 (c) City Callatin (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Henry Sheeler

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Katie E. Sheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30, 1856

7. AGE YEARS 83 MONTHS 8 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 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) Daviess Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME Willis Sheeler

14. BIRTHPLACE (CITY OR TOWN) do not know (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME do not know

16. BIRTHPLACE (CITY OR TOWN) do not know (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Katie Shaelar (ADDRESS) Gallatin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Creekmore Cam. DATE 1/12/40 19.

19. FUNERAL DIRECTOR (NAME) Grimes Funeral Home (ADDRESS) Gallatin Mo.

20. FILED Jan. 11 - 1940 H. A. Koser Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/40, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1940 to Jan. 9, 1940

I last saw him alive on 1-9-40, 19. Death is said to have occurred on the date stated above, at 8:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Jan. 7, 40

Other contributory causes of importance: hypertension

Chronic Schenck 1930

Name of operation Chenal Date of _____
 What test confirmed diagnosis _____ 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) Floyd E. Nelson M. D.
 (Address) Gallatin, Mo.

RECEIVED

District Health Officer No. 11, *6*

District File Number *11-11-11*

Date Filed **FEB 13 1940**

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.....

Licensed Embalmer No. *3453*

P. O. Address *Salisbury, Md.*

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.