JUL 14 1940

S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21922

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 167

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

1. PLACE OF DEATH:
(a) County Jackson Blue Twp
(b) City or town Mount Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9627 East 9th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Mount Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 9627 East 9th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME James Sheen 5(?)
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 Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar (Month) 9 (Day) 1856 (Year)

8. AGE: Years 84 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) England (State or foreign country) 4
10. Usual occupation Retired Laborer
11. Industry or business 4
FATHER
12. Name George Sheen
13. Birthplace ..... (City, town, or county) England (State or foreign country)
MOTHER
14. Maiden name Ellen Taylor
15. Birthplace ..... (City, town, or county) England (State or foreign country)
16. (a) Informant William J. Sheen
(b) Address 9627 East 9th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo
19. (a) June 19/40 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1940 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from ~~May~~ 15, 1940, to ~~May~~ 6/17, 1940 June
that I last saw him alive on ~~May~~ 6/16, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
" Nephritis	
Due to Senility	
Due to 121	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy above	

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? 360 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD
Address 10307 Indep ave Date signed 6/18/40

(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 Floyd Curtis Carson, Registered Apprentice No. 237 working under my personal supervision.

Signed Ralph E. Miller

Licensed Embalmer No. 4124

P. O. Address Independence, Mo.

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

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