

No. 2  
4-13-40  
5-17-39  
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FILED JUN 11 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

19263

State File No. \_\_\_\_\_

Registration District No. 878 Primary Registration District No. 4531 Registrar's No. 5

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

1. PLACE OF DEATH:  
(a) County Sheldon Vernon  
(b) City or town Sheldon  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Vernon  
(c) City or town Sheldon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME SARRAH-JANE-FOWLER  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31<sup>st</sup>  
year 1941 hour 10 minute 20 A.M.  
21. I hereby certify that I attended the deceased from May 20  
1941, to May 31, 1941  
that I last saw her alive on May 31, 1941  
and that death occurred on the date and hour stated above.

4. Sex Female 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 Nov. 30 1852  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Due to Senility  
Duration 3 years  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 88 Months 6 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Terko Mo  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
12. Name Geo. McKee  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Ross  
15. Birthplace unknown Omissani  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ches Farnon  
(b) Address Sheldon Mo R#2  
17. (a) Burial (b) Date thereof June 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sheldon Cemetery  
18. (a) Signature of funeral director G.B. Berry & Sons  
(b) Address Sheldon Mo  
19. (a) June 2 1941 (b) Canoll T. Berry  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
792 \_\_\_\_\_ (Specify type of place)  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature James T. Neechitt (M. D. or other) MD  
Address Sheldon Mo Date signed 6/1/41

**RECEIVED**

District Health Officer No. 7,

District File 6-41-936

Date Filed 6-9-41

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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. ~~2385~~

working under my personal supervision.

Signed.....

*Carroll T. Beery*

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.**