

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21762

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wood Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Hamilton Township
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 10 minutes 45 a: M.

21. I hereby certify that I attended the deceased from 4-2, 1941, to 4-24, 1941;
that I last saw him alive on 4-24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pertussis complicated with lobes pneumonia in both lungs
Due to

Duration

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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?

303
While at work? (Specify type of place)
(e) Means of injury
23. Signature Ernest L. McGee, D.O.
Address Bethany, Mo Date signed 4/25/41

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

3. (a) PRINT FULL NAME Roe Kelly Sheets

3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased: Oct. 18, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 6 hr. min.

9. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name Harry R. Sheets
13. Birthplace Blythedale Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Slaughter
15. Birthplace Andover Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry R. Sheets
(b) Address Blythedale Mo
17. (a) burial (b) Date thereof Apr. 25, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Andover, Mo
18. (a) Signature of funeral director [Signature]
(b) Address Ridgeway, Mo

19. (a) 6/23/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.....

W. Embalmer

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.