

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34488

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 274

1. PLACE OF DEATH:

(a) County: Callaway
(b) City or town: Fulton Co. Mo.
(c) Name of hospital or institution: Callaway Hospital
(d) Length of stay: In hospital or institution.
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway
City or town: Rural
Street No.:
(c) If foreign born, how long in U. S. A.: 0 years.

3. (a) PRINT FULL NAME: Edward Sheets

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

4. Sex: Male 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Nov. 8 1914
(Month) (Day) (Year)

8. AGE: Years 26 Months 11 Days 4 If less than one day hr. min.

9. Birthplace: Farming, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

MOTHER FATHER { 12. Name: Emmett Sheets
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Lena Cave (State or foreign country)
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Emmett Sheets

(b) Address: R. 5, Fulton, Mo.

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: Oct. 14-1941
(c) Place: burial or cremation: White Cloud Cem., Callaway Co., Mo.

18. (a) Signature of funeral director: Eli Ball
(b) Address: Fulton, Mo.

19. (a) Oct 13, 1941 (Date received local registrar) (b) R. N. Crease (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1941 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from 9/22 1941 to 10/12 1941 that I last saw h. j. m. alive on 10/11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myelogenous Leukemia

Due to:
Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 174a
Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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?

While at work (Specify type of place) (c) Means of injury:
23. Signature: Geo. F. Wood (M. D. or other)
Address: 7th St & Fulton, Mo. Date signed: 10/13/41

14
12
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, 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.**