

No. 2
1-4-41
30
X2

See also 42871-42

39284

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11 1941
Registration District No. 775

Primary Registration District No. 6020-A

Registrar's No. 78

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
Specify whether
In this community 64 yrs.
years, months or days

3. (a) PRINT FULL NAME CHARLES A. SHEETS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel B. Sheets 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Nov. 2 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 3 If less than one day hr. _____ min. _____

9. Birthplace St. Francois Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Station agent

11. Industry or business Railroad

12. Name Jacob Sheets

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burch

15. Birthplace St. Francois Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Sheets

(b) Address Bonne Terre, Mo.

17. (a) Burial (b) Date thereof 12-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Workman Cemetery

18. (a) Signature of funeral director Neider Funeral Home

(b) Address Farmington Mo.

19. (a) Dec. 6, 1941 (b) N. W. Hawbin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 15 1941 to Dec. 5 1941
that I last saw him alive on Dec. 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of large bowel & metastases to liver & regional lymph nodes
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H62

Major findings: Of operations as stated above

Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. Richard Cook (M. D. or other) _____

Address Farmington Mo. Date signed 12-6-41

Duration _____
Underline the cause to which death should be charged statistically.

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

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(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1942

JAN 10 1942

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 Bert J Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.