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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1942
Registration District No. 233

Primary Registration District No. 3027

Registrar's No. 63

61
3
2

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution ✓ 1
(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
3. (a) PRINT FULL NAME Henry O. Sheets
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine Sheets 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May 4th (Month) (Day) (Year) 1872

8. AGE: Years 93 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Floury Sheets

13. Birthplace Shelby Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Caldwell

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

16. (a) Informant Mrs Edith Beckey
(b) Address Shelby Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion Cem.

18. (a) Signature of funeral director Stephen G. Gooding
(b) Address Macon Mo.

19. (a) 7/7/42 (Date received local registrar) (b) J. F. Turner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d), Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on June 15 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular disease
Due to arterio-sclerosis

Duration 20 yrs +
Other conditions (include pregnancy within 3 months of death) 97

Major findings: Of operations _____
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 0
23. Signature J. F. Turner (M. D. or other) _____
Address Macon, Mo. Date signed 7-6-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 7-42-1443

Date Filed JUL 16 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 O. L. Stephens.....

Licensed Embalmer No. 3057.....

P. O. Address Macon, 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.