

No. 2
5-43
5-39
5871

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

State File No. **3347**
Registrar's No. **23**

Registration District No. **209** Primary Registration District No. **3043**

1. PLACE OF DEATH:
(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2402 Market 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 **Thomas Sheffield**
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. 6. (c) Age of husband or wife if alive **30 1/2** years
7. Birth date of deceased **July 29, 1872**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Printer**

11. Industry or business

12. Name **UNKNOWN**

13. Birthplace (City, town, or county) (State or foreign country) **4**

14. Maiden name (City, town, or county) (State or foreign country) **4**

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

16. (a) Informant **Elmo Sheffield**

(b) Address **2402 Market Hannibal MO**

17. (a) **Burial** (b) Date thereof **Jan. 8, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Riverside Cem.**

18. (a) Signature of funeral director **James O'Donnell**

(b) Address **Hannibal MO**

19. (a) **1-10-46** (b) **Dr. E. M. Lucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Marion** **64**
(c) City or town **Hannibal** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2402 Market** **4**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **6th**
year **1946** hour minute **10:30 P.M.**
21. I hereby certify that I attended the deceased from **Jan 5**, 19**46** to **Jan. 6**, 19**46**
that I last saw h.i.m. alive on **January 5**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **36 hrs.**

Due to

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?

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

23. Signature **E. R. Modley** (M. D. or other)

Address **Hannibal, MO** Date signed **1/9-46**

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

1575

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 Michael J. O'Connell
Licensed Embalmer No. 3246
P. O. Address Hannibal 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.