

No. 2
-5-43
5-17-39
X 38671

FILED APR 24 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural, N. Campbell Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rt. 5 Springfield Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen L. Sheeley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 29 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>13</u>	hr. min.

9. Birthplace Hamilton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Samuel Sheeley

13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name (UNK.) Mercer

15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Benson

(b) Address Rt. 5, Springfield Mo.

17. (a) Burial (b) Date thereof 4-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director J.W. Klingner Co.

(b) Address Springfield Mo.

19. (a) 4-13-46 (b) Dr. M.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 9; minute 40 P. M.

21. I hereby certify that I attended the deceased from 1-46
1-12 1946 April 12 1946
that I last saw him alive on 4-12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Left Foot today
Due to dermatitis 1 yr.

Due to _____

Other conditions 98"
(Include pregnancy within 3 months of death)

Major findings: Left Amputation
Of operations Dr. M.S. Handley + sutures
Of autopsy no

Duration
PHYSICIAN
Under 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)
(c) Means of injury _____

23. Signature J.F. Freeman (M. D. or other) 0
Address Springfield, Mo. Date signed 4/13/46

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 *Ogle Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield 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.

X