

FILED SEP 10 1946
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
426 Mc Goodwin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 21
(If outside city or town limits, write "RURAL")
(d) Street No. 426 Mc Goodwin 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Daniel Horston Sheets

3. (b) If veteran, name war NONE

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 Jurettie Sheets

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 9 1876
(Month) (Day) (Year)

20. DATE OF DEATH: Month August day 15
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 15
11 to Aug 15 1946
that I last saw him alive on Aug 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>5</u>	<u>6</u>	hr. _____ min.

9. Birthplace Paducah Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business _____

12. Name Nathaniel Sheets

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

14. Maiden name Unknown

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

16. (a) Informant Florence Sheets

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof 8/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smart Hill, Warrensburg, Mo.

18. (a) Signature of funeral director W. S. Wilson

(b) Address Warrensburg, Mo.

19. (a) Aug. 17 46 (b) Sarah M. Cretchfield
(Date received local registrar) (Registrar's signature)

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

Of autopsy None

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 0

23. Signature Wm R Patterson (M. D. or other) _____

Address Warrensburg, Mo. Date signed 8-17-46

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

MOTHER FATHER

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..... *E. B. Carr*

Licensed Embalmer No. *4059*

P. O. Address *Holden, 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.