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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

Dr. Delzell

FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **33295**

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **849**

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
Life Time (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 10
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emmett Sheedy
 3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct, day 21
 year 1946 hour 7 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pansy Pears 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased January 11 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 18 1946 to Oct 21 1946
 that I last saw h. _____ alive on _____
 and that death occurred on the date and hour stated above. _____ 19. _____

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>10</u>	hr. _____ min. <u>0</u>

Immediate cause of death. Cerebral Hemorrhage
 Due to _____
 Due to _____

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation Dairy Farmer
 11. Industry or business Dairy

MOTHER FATHER
 { 12. Name Michael Sheedy
 { 13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Gorman
 { 15. Birthplace Du Bogue Iowa
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
878

16. (a) Informant John Sheedy
 (b) Address Chicago, Ill.

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? _____

17. (a) Burial (b) Date thereof 10/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Mary's

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

18. (a) Signature of funeral director Herman H. Lohmeyer
 (b) Address Springfield, Missouri

23. Signature J. A. Delzell (M. D. or other) _____
 Address Springfield Mo Date signed Oct 23/46

19. (a) 10-24-46 (b) J. A. Delzell M.D.
(Date received local registrar) (Registrar's signature)

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

9
2
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109

SEP 12 1956

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: *Paul S. Demery*

Licensed Embalmer No. *2457*

P. O. Address _____

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.

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