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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33971

FILED NOV 7 1946

Registration District No. 7 Primary Registration District No. 3032 Registrar's No. 98

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Warrensburg Clinic. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 44 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Leeton, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip Luther Sheridan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 30 - (Day) 1900 (Year)

8. AGE: Years 46 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Cass County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Joseph Fred Sheridan 0
13. Birthplace Dallis Co. Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sadie Fleener
15. Birthplace Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Sheridan
(b) Address Leeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Creek - Leeton, Mo.

18. (a) Signature of funeral director W. A. Brammeyer
(b) Address Leeton, Mo.

19. (a) 10-26-1946 (Date received local registrar) (b) Savannah Crutchfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
year 1946 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 10-1, 1946 to 10-5, 1946
that I last saw him alive on 10-5-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration 6 days.

Due to Perforated duodenal ulcer — 6 days.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated duodenal ulcer
Of autopsy 117 P

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

23. Signature R. Lee Cooper (M. D. or other) M.D.
Address Warrensburg, Mo. Date signed 10-7-1946

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

32798

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(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No. ,

working under my personal supervision.

Signed R A Brauninger

Licensed Embalmer No. 3377

P. O. Address Leeton, 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.