S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1946

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

37449

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Joplin General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 9 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Joplin 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1917 Empire 50
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bessie Maie Sheldon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Roswell

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

7. Birth date of deceased February 1 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	9	19	hr. min.

9. Birthplace Suplhur Bluff, Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Hedrick
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Sinclair
15. Birthplace Sulphur Bluff Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roswell Sheldon
(b) Address 1917 Empire, Joplin, Mo.

17. (a) Removal (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sulphur Bluff, Tx.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-20-46 (b) Ed D James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from
, 19 , to Nov 20 1946
that I last saw her alive on Nov 19 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart & Respiratory failure

Due to Pulmonary Embolism

Due to Cholecystectomy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Cholecystitis Cholelithiasis

Of autopsy

Duration

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 W. E. Heinlen (M. D. or other)

Address Joplin, Mo. Date signed 11/20/46

158 (Licensed Embalmer's Statement on Reverse Side)

46-11-1009

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 F. M. Jones

Licensed Embalmer No. 2314

P. O. Address Jos. Lim. 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.