

Registration District No. 62 Primary Registration District No. 5239

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural Winn
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella May Sheldon
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22 year 1947 hour 5 minute 30 AM.
21. I hereby certify that I attended the deceased from 7:54 PM, 1947, to 5:13 PM, 1947;
that I last saw h. w. alive on 5:13 PM, 1947;
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife W.D. Sheldon
6. (c) Age of husband or wife if alive years 28
7. Birth date of deceased August 28, 1877 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage days
Due to Arteriosclerotic Secondary Anemia years months
Due to

8. AGE: Years 75 Months 8 Days 24 If less than one day hr. min.
9. Birthplace Stockton, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations G.M.H.
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name Henry Hoffman
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Rosie Higgins
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Carl Jones
(b) Address Stockton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lum Springs Cem.
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Mo.
19. (a) 5-24-47 (Date received local registrar) (b) James Garrison (Registrar's signature) 54

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
23. Signature Wm. B. Richter (M. D. or other) M.D.
Address Stockton Date signed 5-23-47

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

RECEIVED
District Health Officer No. 7,
4-47-631
District File Number 5-27-47
Date Filed

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 *Melvin Church*

Licensed Embalmer No. *3272*

P. O. Address *Stockton 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.