. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31008

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 194

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 E. Green St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Life
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry 42
(c) City or town Clinton (If outside city or town limits, write "RURAL") 1
(d) Street No. 301 E. Green St. (If rural, give location) 2 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Allie J. Sheek
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ellen Sheek
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 5 (Month) - 23 (Day) - 1871 (Year)
8. AGE: Years 76 Months 3 Days 24 If less than one day ____ hr. ____ min.
9. Birthplace Clinton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Isaac Sheek
13. Birthplace No. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Keaney
15. Birthplace Clinton Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mary Ellen Sheek
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Tebo Cemetery
18. (a) Signature of funeral director [signature]
(b) Address Clinton Mo.
19. (a) 9-16-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9/17, 1947, to 9/17, 1947; that I last saw him alive on 9/17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uraemia	
Following and probably due to: Fractured Rt Side of Femur	
Due to: Cardio-Vascular Renal Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 42
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 9/16/47
(c) Where did injury occur? Clinton (City or town) Henry (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Car house (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature A. E. Peele (M.D. or other)
Address Clinton Mo. Date signed 9/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-47-44.3a
Date Filed 9-24-47

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. 434, working under my personal supervision.

Signed ..... Licensed Embalmer No. 2478

P. O. Address ..... Clinton Miss.

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.