. 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

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38423

FILED DEC 15 1947

Registration District No. 15 19479

Primary Registration District No. 1002

Registrar's No. 5019

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3728 BENTON BLVD. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - - (Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3728 BENTON BLVD 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country - - - - - -

3. (a) PRINT FULL NAME JAMES HENRY SHELDON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of ~~husband or~~ wife MRS. EDNA DIXON SHELDON

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased FEB. (Month) 25 (Day) 1859 (Year)

8. AGE: Years 88 Months 9 Days 84 If less than one day ..... hr. ..... min.

9. Birthplace UNION (City, town, or county) ILLINOIS (State or foreign country) 1

10. Usual occupation RETIRED

11. Industry or business COAL MERCHANT

FATHER
12. Name WILLIAM H. SHELDON
13. Birthplace BATH. NEW YORK (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name ANORTA FOLEY
15. Birthplace BATH. NEW YORK (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Edna Dixon Sheldon
(b) Address 3728 Benton Bl. K.C.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-2-47
(c) Place: burial or ~~cremation~~ ENGELWOOD CEMETERY CLINTON, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 12-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 29th year 1947 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 16, 1947 to Nov 27, 1947 that I last saw him alive on Nov 27, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 24 Days |
| Due to Cardio Vascular disease with hyper tension | over 3 years |
| 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:
(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 Glen S. Brayles (M. D. or other)
Address 1232 Professional Bldg Date signed 11/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

123 Unfamiliar Body.

## 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 John E. Hraking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**