

S. No. 300  
M-10-47  
v. 5-17-39  
I 3905

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 132877  
Registrar's No. 1883

FILED MAY 7 1948

Registration District No. 149

Primary Registration District No. 1002

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

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:  
5601 Olive St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM L. SHEETS

3. (b) If veteran, name war No

3. (c) Social Security No. 269-18-1442

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive 17th. years

7. Birth date of deceased January 17th. 1896  
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 12 If less than one day  
.....hr. ....min.

9. Birthplace Omaha Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business

12. Name Frank E. Sheets

13. Birthplace Jackson Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Permelia Gray

15. Birthplace Davenport Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred H. Sheets

(b) Address 2612 Pierce St. Omaha, Neb.

17. (a) Burial (b) Date thereof 5-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill FREEMAN MORTUARY

18. (a) Signature of funeral director Kansas City, Missouri

(b) Address 4-30-48 (c) Sheldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1419 E. 8th. Street  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th.  
year 1948 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 26  
19 48 to April 16 19 48  
that I last saw him live on April 16 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to.....

Due to.....

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?

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

Signature M. L. Friedman (M. D. or other) M. D.  
Address 314 Argyle Bldg Date signed April 30 1948

---

**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.....

*Hillis H. Bennett*

Licensed Embalmer No.....

*4438*

P. O. Address.....

*K. C., 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.**