

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22332

State File No. _____

Registration District No. 47

Primary Registration District No. 3007

Registrar's No. 240

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100 N. "B" St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Providence Community 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME James Sheridan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 1948 hour 11:15 minute A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona 6. (c) Age of ~~husband~~ wife if alive 48 years
7. Birth date of deceased Aug. 25, 1874
(Month) (Day) (Year)

Immediate cause of death Apoplexy
Due to _____
Due to _____

8. AGE: Years 73 Months 10 Days 22 If less than one day _____ hr. _____ min.
9. Birthplace Richland Parish, La. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Richard Sheridan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sallie Goodwin
15. Birthplace Alto, La. (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Leona Sheridan
(b) Address R. 1 - Brosley, Mo
17. (a) Burial (b) Date thereof 7-21-48 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation Morocco - Butler, Co., Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.
19. (a) 7-26-48 (b) [Signature] (Date received local registrar) (Registrar's signature)

23. Signature George W. Green 3 [Signature]
Address Poplar Bluff, Mo. Date signed 7/18/48

RECEIVED
District Health Office No. 2.
District File Number 748-938
Date Filed 7-29-46

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 M. Davies, Registered Apprentice No. 487 working under my personal supervision.

Signed Good W. Green
Licensed Embalmer No. 2964
P. O. Address Cooper Bluff 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.