DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36867

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 4652

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: 605 - W. 47TH. ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether

In this community 17 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 999

(c) City or town MISSION 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5628 - MAPLE 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME LEO ROSS SHEETS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 442-03-1812

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MYRTLE SHEETS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JUNE (Month) 3, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	5	9	— hr. — min.

9. Birthplace SENECA (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation ACCOUNTANT

11. Industry or business SKELLY OIL CO.

FATHER
12. Name JESSE SHEETS
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

MOTHER
14. Maiden name NANCY JANE HANKS
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Mrs. Doris Washburn

(b) Address 7608-W. 63 Terr. Mission, Kans.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV. 14, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation EL DORADO, KANSAS

18. (a) Signature of funeral director R Allan Griffith

(b) Address Mission, Kansas

19. (a) 11-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 12 year 1948 hour — minute — M.

21. I hereby certify that I attended the deceased from Nov. 8, 1948, to Nov. 12, 1948, that I last saw him alive on Nov. 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis, acute severe	
Due to 1. Arteriosclerosis, gen.	
Due to 2. Hypertension, arterial sec. #1.	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? P. E. Pearson (Specify type of place)

While at work? (e) Means of injury

23. Signature P. E. Pearson M.D. (M. D. or other) M.D.

Address 1025 Rialto Bldg. K. Cty. Date signed 11/13/48.

(Licensed Embalmer's Statement on Reverse Side)

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.....R Allan Griffith

Licensed Embalmer No.....4485

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.