

REC'D SEP 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28810

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138
(b) Township North Primary Registration District No. 8018
(c) City North (d) Street No. _____ Registered No. 18
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. North St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther Mary Martin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1874</u>		
7. AGE <u>65</u>	YEARS <u>3</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation <u>4</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>farmer</u>		
10. Date deceased last worked at this occupation (month and year) <u>7-4-38</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>		
13. NAME <u>John H. Sheehan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Ermine Chesney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. John Sheehan Northborne, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wak Hill Cem.</u> DATE <u>Aug 17, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Standley Carrollton, Mo.</u>		
20. FILED <u>Aug 16, 1939</u> <u>B. C. Wolf</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Aug 15, 1939
last saw him alive on Aug 15, 1939 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis - coronary
Nephritis - acute
Myocardial Degeneration
Date of onset July 1939

Other contributory causes of importance: 92

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. B. Bessant M. D.
Carrollton Mo
133 (Address)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9/6/39

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,

Ben W. Gibson

or by

Registered Apprentice No., working under my personal supervision

Signed

Ben W. Gibson

Licensed Embalmer No.

296

P. O. Address

Carrollton, Va

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, above space should be left blank.