

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 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. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Mary Martin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1874
 7. AGE YEARS 65 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. 0 min. 0
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 25
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.
 13. NAME John H. Sheehan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Ermine Cheesey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.
 17. INFORMANT (ADDRESS) Mrs. John Sheehan
North
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wak Hill Cem. DATE Aug 17, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley
Carroll Co. Mo.
 20. FILED Aug 16, 1939 B. C. Wolf 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 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis - chronic Date of onset 1938
Nephritis - acute
Myocardial Degeneration
 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. M. Bussant M. D.
Carroll Co. Mo. (Address) 133

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.

2961

P. O. Address

Carrollton, Ky

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.