

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

14048
 Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH
 (a) County Dushanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001 Registered No. 409
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ann Sheil 400
 (a) Residence, No. Mt. Ayr Iowa St. Mt. Ayr Iowa
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Sheil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 1, 1867.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	70	11	9	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Co. Iowa

13. NAME Jefferson Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) James W. Sheil Mt. Ayr, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Mt. Ayr, Iowa. DATE Apr. 10, 38

19. FUNERAL DIRECTOR (ADDRESS) Hester, Beale & Bowman 319 So. 10th St. St. Joseph Mo.

20. FILED April 11, 1938 A. J. Neettlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1938 to April 10, 1938
 I last saw her alive on Apr 9, 1938 Death is said to have occurred on the date stated above, at 4:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Pernicious Anemia Date of onset ?
95 B 20 -
 Other contributory causes of importance: Heart disease Rheumatoid

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? Yes
 If so, specify.....
 (Signed) A. J. Neettlebusch M. D.
 (Address) 305 1/2 S. 12th St. St. Joseph Mo.

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.

STATEMENT BY LICENSED EMBALMER

W. E. Summerfield

Licensed Embalmer No. *3007*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *myself* *April 10, 19*

L. E.

No. _____ or by _____, Registered Apprentice No. *✓*

working under my personal supervision.

Signed *W. E. Summerfield*

Licensed Embalmer No. *3007*

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.)