NOV 27 1939

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

35750
Do not use this space.

1. PLACE OF DEATH
(a) County: Cass
(b) Township: Sherman
(c) City: Creighton
Registration District No. 167
Primary Registration District No. 4084
Registered No.
(d) Street No. 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: Minnie Belle Sheets
(a) Residence, No. St.
(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: H. N. Sheets
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29, 1870
7. AGE: Years 69 Months 0 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
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): Ohio

FATHER
13. NAME: Ben Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary House
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): H. N. Sheets, Creighton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Carpenter DATE: 10-7-39
19. FUNERAL DIRECTOR (ADDRESS): Hobart Arnold, Creighton, Mo.
20. FILED: Oct 8, 1939 Mrs. W. L. Clevenger, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from September 25, 1939, to October 5, 1939. I last saw her alive on October 4, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal hemorrhage	Oct 5
46	

Other contributory causes of importance: gastric cancer

Name of operation: — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

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? No
If so, specify: —
(Signed) R. J. Powell, M.D.
(Address) Blairstown, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12004

Carpenter
Cemetery

STATEMENT BY LICENSED EMBALMER

I, Hobart Arnold, Licensed Embalmer No. 3621

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Hobart Arnold

Licensed Embalmer No. 3621

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.)