DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1940

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1288

Primary Registration District No. 1002

Registrar's No. 273

1. PLACE OF DEATH:

(a) County: Jackson 3

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1523 Genesee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 329 Norton,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Harry B. Sheets 32

3. (b) If veteran, name war: None

3. (c) Social Security No.: ____

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Cora L. Sheets

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: June (Month) 30 (Day) 1889 (Year)

8. AGE: Years 50 | Months 6 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: Rock Island R.R.Co.

FATHER
12. Name: Rufus W. Sheets
13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Minnie Sullivan
15. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Mrs. Cora Sheets

(b) Address: 329 Norton, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 20, 40 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland Park, K.C.Ks.

18. (a) Signature of funeral director: C.H.Blackman & Son, Inc.

(b) Address: 2825 Indep. Blvd. K.C.Mo.

19. (a) Jan. 20, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 1-18-40
year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 1:40 P.M. ____, 19____, to ____, 19____;
then last seen alive on ____, 19____;
death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death	Duration
Chronic myocarditis	
Due to: 936	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)

While at work? (Specify nature of injury)

23. Signature: Arthur W. Sullivan (Coroner or other)

Address: K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39
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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_____

Licensed Embalmer No._____

P. O. Address_____

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.