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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20728**
2345
Registrar's No. _____

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Conley Clinic,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks,**
(Specify whether _____)
In this community **Unknown,**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Letta Offield,** **113**
3. (b) If veteran, name war **no.** **3. (c) Social Security No.** **495-05-6586**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **Unknown** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **December 26, 1893**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	5	11	hr. min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress** **0**

11. Industry or business _____
12. Name **John Sheeler,** **1**
13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Olive Hess**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hope Funeral Home,**
(b) Address **Gallatin, Mo.**

17. (a) Removal **(b) Date thereof** **6-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Gallatin, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K.C., Mo.**

19. (a) June 8, 1940 **(b) M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri,** (b) County _____
(c) City or town **Gallatin,**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7th**
year **1940** hour **6** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **May 27th, 1940** to **June 7, 1940,**
that I last saw him **alive on June 7, 1940,**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema **3 weeks**
Pulmonary Tuberculosis **3 yrs.**
Due to _____ **23**
Due to _____ **23**
Other conditions (include pregnancy within 3 months of death)

Duration
3 weeks
3 yrs.
23
PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **R.D.M. Cullough, M.D.**
Address **Conley Clinic Hospital** **Date signed** **6/7/40**

Dr. R. D. McCullough,

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.....

Henry Thomas Jr....., Registered Apprentice No. *222*
working under my personal supervision.

Signed, *[Signature]*.....
Licensed Embalmer No. *1415-*
P. O. Address. *K. C. Mo.*

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.