

o. 2  
13-40  
17-39  
X23159

Registration District No. 653

Primary Registration District No. 5865

State File No. \_\_\_\_\_

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Pennsco

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

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

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

3. (a) PRINT FULL NAME Mahinda Sheb

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife George B Sheb

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 16 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pennsco Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name John Forner

13. Birthplace Pennsco Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Humphrey

15. Birthplace Pennsco Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant George B Sheb

(b) Address Pennsco Mo

17. (a) Burial (b) Date thereof 12 12 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director W. H. ...

(b) Address W. H. ...

19. (a) 12/11/40 (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pennsco Mo

(c) City or town near High Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11  
year 1940 hour 3-20 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Dec 9, 1940, to Dec 10, 1940; that I last saw her alive on Dec 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia

Due to: bron pneumonia

Due to: 101

Other conditions founder, snake bite  
(Include pregnancy within 3 months of death)

Major findings Hypertension  
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? W. H. ...  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. H. ... (M. D. or other) 0

Address \_\_\_\_\_ Date signed 12/11/40

Duration 5 days

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

2-41-26

**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

 *Noel Dean*  
.....  
Licensed Embalmer No. *3941*

P. O. Address *Caruthville m*

**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, fact should be so stated above.**