No. 2
4-13-40
-17-39
I X23159

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

APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Nr Durban

State File No. 11311

Registration District No. 527 Primary Registration District No. 5703 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED: 61
(a) State Mo (b) County Macon
(c) City or town Bevier 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julia Sheffield
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife King Sheffield
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feby 13 (Month) 1888 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	1	4	hr. min.

9. Birthplace Callao (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Wm Taylor
13. Birthplace Macon Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Marsella Powell
15. Birthplace Callegi Mound (City, town, or county) Mo (State or foreign country)
16. (a) Informant Benj Sheffield
(b) Address Macon Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 19-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Woodlawn Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) 3-24-1941 (Date received local registrar) (b) Edw. Simpson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17th
year 1941 hour 1 minute 7 M.

21. I hereby certify that I attended the deceased from Jan 2, 1938, to March 17, 1941;
that I last saw her alive on March 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 mo.
Diabetes Mellitus	10 yrs
Due to	
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)
470
While at work? (e) Means of injury 0

23. Signature A. L. Durban (M. D. or other) D.O.
Address Callao, Mo Date signed 3/20/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-739
Date Filed APR 10 1941

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 George Hile

Licensed Embalmer No. 4066

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.