

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town Meta, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Meta, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Leslie Sheckelsworth

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daizy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Hartsburg, Mo. Boone Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Postmaster at Meta, Mo.

11. Industry or business _____

MOTHER FATHER { 12. Name Ed. Sheckelsworth
13. Birthplace Hartsburg, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alice Bledsoe
15. Birthplace Hartsburg, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daizy Sheckelsworth
(b) Address Meta, Mo.

17. (a) Burial (b) Date thereof 6/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonds Chaple - Boone Co.

18. (a) Signature of funeral director Buesching Funeral Home
(b) Address Jefferson City, Mo.

19. (a) 6/7/41 (b) D. S. Spofford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 5, 1941 to June 7, 1941
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Peritonitis 121 10 days

Due to Gangrenous app.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: appendicitis
Of operations _____
Of autopsy _____

Duration
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? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. C. New (M. D. or other) _____
Address _____ Date signed 6/7/41

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

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.....

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address. Jefferson City, Mo.

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

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