S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 14388

Registrar's No. 342

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 564 E. Walnut St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years
In this community ~~2 years~~ (Verified - Nurse Home) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106

(c) City or town Branson /
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Sheets

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Octavia Sheets

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

7. Birth date of deceased January (Month) 10, (Day) 1858 (Year)

8. AGE: Years 84 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) / Iowa (State or foreign country)

10. Usual occupation Retired Railroad Conductor

11. Industry or business Railroad

FATHER
12. Name Unknown Unknown
13. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) 6 Unknown (State or foreign country)

16. (a) Informant Mrs. Claude Binkley
(b) Address Branson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Branson, Missouri

18. (a) Signature of funeral director Whelchel Funeral Home
(b) Address Branson, Missouri

19. (a) 4-30-42. (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1942 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from 4/28, 1942 to 4/28, 1942 that I last saw him alive on 4/28/42, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration a few hrs.

Due to

Due to Arterio sclerosis & Hyper tension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Guy H Calloway (M. D. or other) MD
Address Springfield Mo Date signed 4/29/42

994 (Licensed Embalmer's Statement on Reverse Side)

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 Lewis G Schaefer

Licensed Embalmer No. 3802

P. O. Address Springfield, 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, fact should be so stated above.