S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39953

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4720

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 26th & Harrison /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City, Mo. 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2517 Forest
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emmett ~~Lee~~ Sheets, Jr. EMMETT ~~LEE~~ SHEETS

3. (b) If veteran, name war -- Curtis. no

3. (c) Social Security No. -- none

4. Sex Male

5. Color or race 0 "

6. (a) Single, widowed, married, divorced 0 Child

6. (b) Name of husband or wife --

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

7. Birth date of deceased Dec. 7, 1931 (Month) (Day) (Year)

8. AGE: Years 11 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business --

FATHER
12. Name Emmett Sheets Sr.
13. Birthplace Holt (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Opal Lee Taylor
15. Birthplace Lathrop (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Emmett Sheets Sr.
(b) Address 2517 Forest, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Muddy Fork Cemetery Near Kearney, Mo.

18. (a) Signature of funeral director Sheil Funeral Home
(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 12-17-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 year 1942 hour 4:35 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating wound of the chest with laceration of the arch of the aorta.

~~Due to~~ Bilateral hemothorax.

Due to Automobile traumatism

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170 21

Of autopsy See above

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) Accident 123

(b) Date of occurrence 12/16/42

(c) Where did injury occur? K.C. Mo. (City or town) Jackson Co. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In street (Specify type of place)

While at work? No (e) Means of injury Struck by motor car

23. Signature [signature] (M. D. or other)

Address K.C. Mo. 2 Date signed 12/16/42

3601

(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 J. P. Sheel

Licensed Embalmer No. 3625

P. O. Address.....

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.