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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15658

State File No.

Registration District No. 236

Primary Registration District No. 4493

Registrar's No.

101
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0

1. PLACE OF DEATH:

(a) County: Shannon

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

(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No. In this community: 15 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACEASED:

(a) State: Missouri (b) County: Shannon

(c) City or town: Birch Tree Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: James V. Sheehey

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Molie Sheehey

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: SEPT (Month) 6th (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Broadlawn (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: THOMAS J. SHEEHEY

13. Birthplace: Limerick (City, town, or county) Ireland (State or foreign country)

14. Maiden name: ELNORA LEHANNAN

15. Birthplace: FLINN (City, town, or county) / (State or foreign country)

16. (a) Informant: Molly Sheehey

(b) Address: Birch Tree Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Neff Harmony

18. (a) Signature of funeral director: John F. Amrein

(b) Address: Winter View Mo.

19. (a) 3-8-43 (Date received local registrar) (b) Frank Hyde M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 8 year 1943 hour 2 minute 30 A.M.

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

	Duration
Immediate cause of death: Bronchial asthma —	
Due to:	
Due to:	1/2
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)

While at work? (e) Means of injury:

23. Signature: R. D. Davis O (M. D. or other)

Address: Birch Tree Mo Date signed 3-7-43

744 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 443255
Date Filed 4-14-43

SEP 2 1943

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 John F. Amrean

Licensed Embalmer No. 2516

P. O. Address Mtn View 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.