

S. No. 2  
M-2-43  
5-17-39  
X35897

25746

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 9 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
416 E. 6  
(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 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis

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

(d) Street No. 416 E. 6  
(If rural, give location)

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

3. (a) PRINT FULL NAME Patrick Joseph Shea

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 Johanna Shea 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 27 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Switchman

11. Industry or business Rail Road

12. Name Patrick Shea

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Nora Sullivan

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P-J Shea  
Sedalia Mo.

17. (a) burial (b) Date thereof July 27 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 7/26/43 (b) Anna Berger  
(Day received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1943 hour 6.45 minute P M.

21. I hereby certify that I attended the deceased from over 15 years 19 \_\_\_\_\_ to July 23 19 43  
that I last saw him alive on July 22nd 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Coronary Occlusion

Due to Arteriosclerosis

Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

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

23. Signature J. B. Ouellette M.D. (M. D. or other) 7-26-43  
Address Sedalia Mo. Date signed \_\_\_\_\_

Duration 1 year  
Few minutes  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

80  
6  
9

1822

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1945

RECEIVED  
District Health Officer No. 4  
Date: 10/22/45  
FEBRUARY 1946

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.