S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Webster

State File No. 33975

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 177

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100 Howard St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 85 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 100 Howard St. 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mattie Sheffield
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 4 (Day) 1852 (Year)
8. AGE: Years 93 Months 4 Days 28 If less than one day hr. min.
9. Birthplace: Memphis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER 12. Name: Hiram Sheffield
FATHER 13. Birthplace: unknown (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER 14. Maiden name: Mary Harman
MOTHER 15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Lyn Morrell
(b) Address: 100 Howard, Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 10-4-45 (Date received local registrar) (b) LB Clinton, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1945 hour 330 minute P M.
21. I hereby certify that I attended the deceased from July 11, 45 to Oct 2 1945 that I last saw him alive on Sept 29 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: 1 Senility — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 162K
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: 0
23. Signature: R. A. Webster (M. D. or other)
Address: Carthage Mo Date signed: Oct 3 1945

1458 (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 Emma R Stuell

Licensed Embalmer No. 391

P. O. Address Carthage 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.