

S. No. 2
OM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20848

FILED JUL 10 1946

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

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

(d) Street No. 411 N. Monroe
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) A

If yes, name country _____

3. (a) PRINT FULL NAME Larry Don Sheets

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month June day 11
year 1946 hour 6 minute 30 P.M.

4. Sex MO 5. Color or race W

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

21. I hereby certify that I attended the deceased from 3:00 P.M.
11 June 1946, to 6:30 P.M. June 11, 1946
that I last saw him alive on 11 June 1946
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____

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

Immediate cause of death

7. Birth date of deceased June 9 1944
(Month) (Day) (Year)

multiple deformities congenital
1. cleft palate
2. Congenital Heart dis
3. Cryptorchidism Bilat
4. Maltese rectum
5. Club feet & hands
Other conditions 6. Microglossia
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min. _____

Due to _____

9. Birthplace Lebanon Mo. 17
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 157 mm

10. Usual occupation _____

22. If death was due to external causes, fill in the following:

11. Industry or business _____

(a) Accident, suicide, or homicide (specify) _____

12. Name Clifford A. Sheets

(b) Date of occurrence _____

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

(c) Where did injury occur? _____
(City or town) (County) (State)

14. Maiden name Faye Lowery

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

15. Birthplace Wright Co. Mo. 17
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Clifford A. Sheets

23. Signature Paul A. Jenkins (M. D. or other) MD

(b) Address Lebanon Mo.

Address Lebanon Date signed 21 June 46

17. (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride Cemetery

18. (a) Signature of funeral director No. Funeral Director

(b) Address _____

19. (a) June 25 - 46 (b) Dr. Frankburger
(Date received local registrar) (Registrar's signature)

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

19720

Received 7-5-46
Laclede County Health Unit
File No. 6-46-95
Date Filed 7-8-46

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.....
..... *myself.*, Registered Apprentice No.....
working under my personal supervision.

Signed *Dorsey M. Howe*
Licensed Embalmer No. *4222*
P. O. Address *Lebanon, 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.