

S. No. 2  
M-5-43  
v. 5-17-39  
No. 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9719

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

FILED APR 2 1947  
Registration District No. 160

Primary Registration District No. 3031

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 14 years (years, months or days)

3. (a) PRINT FULL NAME Roy Emmete Sheets

3. (b) If veteran, name war ✓

3. (c) Social Security No. 494-03-8494

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Ollie Mae Sheets

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased 8 31 1892  
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Baker

11. Industry or business self

12. Name William Sheets

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

14. Maiden name Minerva Watts

15. Birthplace Farmington Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Lynn Sheets

(b) Address De Soto, Mo

17. (a) Burial (b) Date thereof 3-21-47  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn

18. (a) Signature of funeral director J. Lee Motherhead

(b) Address De Soto, Mo

19. (a) 3-27-47 (b) Marie Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. 4103 N. Main, st.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20  
year 1947 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from 13 Feb 1947 to 20 Mar 1947  
that I last saw him alive on 20 Mar 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Hypertension  
Myocardial stenosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

(e) Means of Injury \_\_\_\_\_

23. Signature More V. Neffinity (M. D. or other) M.P.  
Address De Soto, Mo Date signed 22 Mar 47

Date Filed 4-1-47  
District File Number 4-1-47  
District Health Officer No. 9,

RECEIVED

MAR 7 1958

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. Lee Motherhead  
Licensed Embalmer No. 3531  
P. O. Address De Soto, 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.