

FILED APR 30 1947

State File No. _____

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution XXXXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXXXX
(Specify whether
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar ²⁰
(c) City or town Stockton ⁰
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. XXXX (If rural, give location) ⁰
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXXXXX

3. (a) PRINT FULL NAME JOSEPH B. SHEEKS

3. (b) If veteran, name war XXX 3. (c) Social Security No. XXX

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W ²

6. (b) Name of husband or wife Mettie Sheeks 6. (c) Age of husband or wife if alive XXXXX years

7. Birth date of deceased March 11, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 15 If less than one day XX hr. XX min.

9. Birthplace Humansville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salvage yard

11. Industry or business XXXXXX

12. Name Austin Sheeks

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

14. Maiden name Selvister Childress

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

16. (a) Informant James L. Sheeks

(b) Address Exeter, California

17. (a) Removal (b) Date thereof 4-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exeter, California

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 4-26-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature) 511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1947 hour 6 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis ^{min}
Duration _____

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations AAA
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Wm. Blitzer (M. D. or other) _____

Address Stockton Mo Date signed 4-26-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 3-47-515
Date Filed 4-29-47

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton, 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.