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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED OCT 15 1947**  
Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30251**  
Registrar's No. 147

Primary Registration District No. 3002

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

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

3. (a) PRINT FULL NAME Annie Elizabeth Sheets  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married; divorced M  
6. (b) Name of husband or wife John F. Sheets  
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 22, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 -- 18 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name Garrett B. Kidwell

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

14. Maiden name Nancy Fox

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

16. (a) Informant John F. Sheets

(b) Address McCreeidia, Mo.

17. (a) Burial (b) Date thereof 10/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Cemetery

18. (a) Signature of funeral director Clarence

(b) Address Mexico, Mo.

19. (a) 10/12/47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County Callaway 14  
(c) City or town McCreeidia 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R. F. D. 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10  
year 1947 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from June  
1947 to Oct. 10 1947  
that I last saw her alive on Oct. 10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus  
Duration

Due to Cholelithiasis

Due to Cholelithiasis 1925

Other conditions Cholelithiasis  
(Include pregnancy within 3 months of death)

Major findings: Cholelithiasis  
Of operations Cholelithiasis  
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) (a) Means of injury 2

23. Signature H. Shestern (M. D. or other) MD

Address MEXICO MO Date signed Oct 10

-1047

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1432  
Filed OCT 14 1947

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 *[Handwritten Signature]*

Licensed Embalmer No. 3569

P. O. Address Mexico, Mex

**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.**