

FILED DEC 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41098**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **382**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **5 days**.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Illinois Union 991
(a) State (b) County
(c) City or town **Dongola**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **DWIGHT LOUIS SHEFFER**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **X**
6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **November 8th, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days **26**
If less than one day hr. min.

9. Birthplace **Anna, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Clyde Sheffer,**
13. Birthplace **Dongola, Illinois**
14. Maiden name **Anna Louise Halstenberg**
15. Birthplace **Mounds, Illinois**

16. (a) Informant **Clyde Sheffer**
(b) Address **Dongola, Illinois**

17. (a) **Burial** (b) Date thereof **12/5/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dongola I. O. O. F. Cemetery**

18. (a) Signature of funeral director **Shirley J. ...**
(b) Address **Dongola, Illinois**

19. (a) **12-11-47** (b) **C. C. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4th**
year **1947** hour **2** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 29**, 1947 to **Dec 4**, 1947,
that I last saw him alive on **Dec 3**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyloric stenosis (Congenital)**
40 hrs after operation (Permitted)
Due to **Paralytic Stenosis?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Pyloric stenosis**
Of autopsy **nil 157K**

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

While at work? (Specify type of place) (c) Means of injury
23. Signature **Chas. J. Herbert** (M. D. or other)
Address **Cape Girardeau, Mo** Date signed **12/6/47**

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

MOTHER FATHER

RECEIVED

Health Officer No. 4
File Number 1247-1576
Date Filed 12-15-47

STATEMENT BY LICENSED EMBALMER

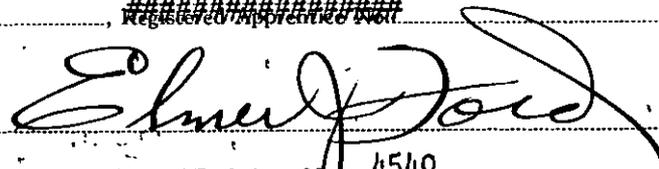
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~#####~~.....

~~XXXXXX~~

~~#####~~
Registered Apprentice No. ~~#####~~

~~working under my personal supervision.~~

Signed.....



Licensed Embalmer No. 4540

P. O. Address Dongola, Illinois.

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.