

FILED SEP 23 1948

Registration District No. 30 Primary Registration District No. 6112a Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County SCOTT

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

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

(d) Length of stay: In: hospital or institution _____ (Specify whether years, months or days) 42 YEARS

In this community _____

3: (a) PRINT FULL NAME CHARLES B SHEETER

3: (b) If veteran, name war _____

3: (c) Social Security No.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife PAULINE BISHER SHEETER

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased AUGUST 28 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace NEW HAMBURG MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business 11

MOTHER FATHER

12. Name CHARLES SHEETER

13. Birthplace ALSADE-LORRAINE
(City, town, or county) (State or foreign country)

14. Maiden name JOSEPHINE WITT

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

16. (a) Informant Mrs Ervin Shuck

(b) Address Chaffee, Mo Rt 3

17. (a) BURIAL (Burial, cremation or removal) (b) Date thereof SEPT 23 1948
(Month) (Day) (Year)

(c) Place of burial or cremation ST AUGUSTINE'S KELSEO, MO

18. (a) Signature of funeral director Suplinghoff Funeral Home

(b) Address Illmo, Mo

19. (a) 9-21-48 (Date received local registrar) (b) G. J. P. [Signature] (Registrar's signature) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT

(c) City or town RURAL KELSEO TWP.
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 MI NORTH OF KELSEO
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 20TH year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Sept 17, 1948, to Sept 20, 1948
that I last saw him alive on Sept 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration _____

Due to Demility

Due to _____

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

Major findings: Of operations 9/20

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 D

23. Signature G. J. P. [Signature] (M. D. or other) M.D.
Address Illmo, Mo Date signed 9-21-48

RECEIVED

District Health Office No. 2.

District File Number 948-1210

Date Filed 9-24-48

DEC 3 1951

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 Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.