DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33092

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3942

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: ST. MARY'S HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether years, months or days)

In this community 67 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3 8 0

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 401 EAST 36th STREET (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME MRS SUSIE A. SHELDON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband ~~or wife~~ MR. BERT SHELDON

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

7. Birth date of deceased MARCH (Month) - 13 (Day) - 1872 (Year)

8. AGE: Years 76 Months 6 Days 13 If less than one day hr. min.

9. Birthplace OLD AUBREY NEAR STILLWELL, KANSAS (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business SELF - AT HOME

FATHER
12. Name UNKNOWN WHITE
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant ROY W. SHELDON

(b) Address 3518 BALES AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 28 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MOUNT WASHINGTON CEM

18. (a) Signature of funeral director O. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 26TH year 1948 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory Failure (Duration 1hr.)

Due to Hypertrophy of Heart

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 95C

Of autopsy See Above

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? Pathology 18 (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ascher (M. D. or other) M.D.

Address 2800 Main Date signed 9/27/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Davis

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.