

FILED FEB 10 1944

Registration District No. 177

Primary Registration District No. 4287

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN  
(b) City or town TROY  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN  
(c) City or town TROY  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Ida M. SHEETS

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife MORRIS SHEETS 6. (c) Age of husband or wife if alive years

7. Birth date of deceased SEPT 12 1858 (Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 7 If less than one day hr. min.

9. Birthplace LINCOLN Co. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name JOHN S. DYER

13. Birthplace HENRY Co. VIRGINIA (City, town, or county) (State or foreign country)

14. Maiden name MARYA BASSET

15. Birthplace HENRY Co. VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.A. Gordon (b) Address TROY, MO.

17. (a) BURIAL (b) Date thereof DEC. 21, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TROY CEM. TROY MO.

18. (a) Signature of funeral director HENKHA FUNERAL HOME (b) Address TROY, MO.

19. (a) Jan 15 44 (b) Mrs. M. S. Hays Jackson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 19 year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from DEC 15 1943 to DEC 19 1943 that I last saw her alive on Dec 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (lobar)

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Manner of injury

23. Signature J. C. Bensch (M. D. or other)

Address TROY MO Date signed 12/20/43

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

MOTHER, FATHER

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**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 Joseph J. Marsh  
Licensed Embalmer No. 3932  
P. O. Address Tray 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.**