36

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X12004

DEC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21786
Do not use this space.

1. PLACE OF DEATH
(a) County FRANKLIN — Registration District No. 295
(b) Township — Primary Registration District No. 4179 — Registered No.
(c) City SULLIVAN — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY C. SHERMAN 655
(a) Residence, No. Sullivan, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Sherman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1870
7. AGE: YEARS 67 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton Morgan Co. Mo.

FATHER
13. NAME: Casper Sherman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER
15. MAIDEN NAME: Caroline Rohlfing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Andy Sherman, Sullivan, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tea Cemetery DATE July 10 1938
19. FUNERAL DIRECTOR (ADDRESS): Thos. P. Shaffer, Sullivan, Mo.
20. FILED 7/9 1938 Edgar W. Laffoon, Local Registrar. 268

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1938, to July 7th, 1938
I last saw him alive on July 6th, 1938. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis — Date of onset

99 C

Other contributory causes of importance: Cholelithiasis and Rheumatism

Name of operation no — Date of
What test confirmed diagnosis? Clinical V Rey — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury no, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. A. Scott, M. D.
(Address) St James Hospital St James Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Lafferson, Licensed Embalmer No. 3894

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E. 3894

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Edgar W. Lafferson

Licensed Embalmer No. 3894

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.)