

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

REC'D SEP 26 1938

294161

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 5-12
 (b) Township Green Primary Registration District No. 5682 Registered No.
 (c) City (d) Street No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred R Sherman 65

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Joy Sherman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1874
 7. AGE YEARS 64 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 - 1938
 22. I HEREBY CERTIFY That I attended deceased from July 1 1938 to Aug 26 1938
 Last saw him alive on Aug 26 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis
0 yrs. ago
121 yrs. ago
 Other contributory causes of importance:
arteriosclerosis yrs. ago.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica Mo.

FATHER 13. NAME Frederick Sherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Amelia Dembe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joy Sherman Utica Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica Mo DATE Aug 28 - 1938

19. FUNERAL DIRECTOR (ADDRESS) James D Gordon DeWitt Mo.

20. FILED Aug 28 1938 Hazel Stampler Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) [Signature] M. D.
 (Address) [Address]

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.

STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870

hereby certify that the body recorded on the reverse side of this certificate was embalmed by James D Gordon

L. E.

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

working under my personal supervision.

Signed James D Gordon

Licensed Embalmer No. 1870

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.)