

1938 OCT 25 1938

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

32760  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 549  
(b) Township Falamin Primary Registration District No. 3749 Registered No. 421  
(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 Ralph D. Sheerman 1656

(a) Residence, No. Quincy, Ill. 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 Almyra  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1905  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 - - 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. grocerman  
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

12. BIRTHPLACE (CITY OR TOWN) Marion County, Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME Albert Sheerman

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

MOTHER 15. MAIDEN NAME Almyra Jacob

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

17. INFORMANT My Albert Sheerman  
(ADDRESS) Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Mo. DATE June 29, 1938

19. FUNERAL DIRECTOR James O'Donnell  
(ADDRESS) Hannibal, Mo.

20. FILED June 28, 1938 Arthur Lee  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Showered by being in boat which was struck by the Mark Twain tug-boat: 8/31/37  
Sady found June 28, 1938, two miles south of Quincy, Ill. on Mo. side  
Date of onset

Other contributory causes of importance:

Name of operation Autopsy 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? Accident Date of injury 8-31-37 19\_\_\_\_

Where did injury occur? Quincy, Ill.  
(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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) James O'Donnell Coroner of Marion County, Mo.  
487 (Address) Hannibal, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

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

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**