

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 19 1939

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

32210  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Clinton Registration District No. 207  
 (b) Township Concord Primary Registration District No. 4125- Registered No. 27-22  
 (c) City Plattsburg Mo (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

HOWARD WILLIAM SHERMAN

(a) Residence, No. \_\_\_\_\_ St.  IOLA KANSAS  
 (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Sherman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept II 1916  
 7. AGE YEARS 23 MONTHS 0 DAYS I If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Well Driller  
 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) Iola Kansas (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME Harley Sherman

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Alice Avery

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Harley Sherman (ADDRESS) Iola Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Iola Kansas DATE Sept 12 1939

19. FUNERAL DIRECTOR (NAME) O'Brien-Lyon (ADDRESS) Plattsburg Missouri

20. FILED Sept 12 1939 Bernice Chastain Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1939

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 \_\_\_\_\_ p.m.  
 The principal cause of death and related causes of importance were as follows:

Accidental skull fracture  
 Date of onset 9/12/39  
 Other contributory causes of importance: Struck by casing from gas well, casing blown by pressure from well

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accidental Date of injury Sept 12 1939  
 Where did injury occur? Clinton County, Plattsburg Mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. In industry

Manner of injury Struck by casing from gas well  
 Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Employed drilling the well  
 (Signed) A. D. Tompkins, M.D.  
 (Address) Coroner Clinton Co  
Cameron

RECEIVED

District Health Officer No. 11

District File Number 1039-1348

Date Filed OCT 17 1939

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,

Darrell D. Lyon

, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Missouri

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, above space should be left blank.