

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

43347

Do not use this space.

1. PLACE OF DEATH *JAN 15 1940 2*
 (a) County *Gentry* Registration District No. *314*
 (b) Township *1* Primary Registration District No. *4190*
 (c) City *Stanberry* (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 *4* yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Albert Vanburan Sherry*
 (a) Residence, No. *4th St Stanberry Mo.* 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 *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clara Sherry*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-3-1866*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 7 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired 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) *3-12-1935* 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) *Wayne County* (STATE OR COUNTRY) *Indiana*
 FATHER 13. NAME *Louis Sherry*
 14. BIRTHPLACE (CITY OR TOWN) *Miamia* (STATE OR COUNTRY) *Ohio*
 MOTHER 15. MAIDEN NAME *Amanda Simpson*
 16. BIRTHPLACE (CITY OR TOWN) *Indiana* (STATE OR COUNTRY) _____
 17. INFORMANT *Mrs. Grant Lewis* (ADDRESS) *Stanberry, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Highbridge* DATE *12-24*
 19. FUNERAL DIRECTOR (NAME) *J. Edgar Johnson* (ADDRESS) *Stanberry Mo.*
 20. FILED *12/24* 19*39* *C. S. Benoit* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-23* 19*39*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 26* 19*39* to *Dec 23* 19*39*
 I last saw him alive on *Dec 22* 19*39* Death is said to have occurred on the date stated above, at *3:20 A.M.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma (Gastric)
 Other contributory causes of importance: *46*
Carcinoma left lung.
 Name of operation *none* Date of _____
 What test confirmed diagnosis? *C* Was there an autopsy? *No*
 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) *B. E. Simpson* M. D.
 (Address) *Stanberry Mo.*

RECEIVED

District Health Officer No. 11

District File Number 140-1822

Date Filed JAN 9 1940

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.....

J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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, above space should be left blank.