

FILED FEB 15 1940

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

3914

Do not use this space.

1. PLACE OF DEATH *3*
- (a) County *Saline* Registration District No. *796*
- (b) Township *0* Primary Registration District No. *3098*
- (c) City *Marshall Mo.* (d) Street No. *Marshall School* Registered No. *12*
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
- (e) Length of residence in city or town where death occurred yrs. mos. *15* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *1030 Lola Mae Sherwood*
- (a) Residence, No. *Harrisonville 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 1 - 1929*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 2 14
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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *Harrisonville Mo.*
- FATHER 13. NAME *Nelson Sherwood* 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *North Co. Mo.*
- MOTHER 15. MAIDEN NAME *Lylia Todd* 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) *St Clair Co Mo.*
17. INFORMANT (NAME AND ADDRESS) *Mo. State School Record Marshall Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Harrisonville* DATE *Jan 17 1940*
19. FUNERAL DIRECTOR (NAME AND ADDRESS) *Don Short Marshall Mo.*
20. FILED *1-16-40* *Mary Kent* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 15 1940*
22. I HEREBY CERTIFY, That I attended deceased from *Jan 7 1940*, to *Jan 15 1940*.
Last saw her alive on *Jan 15 1940*. Death is said to have occurred on the date stated above, at *11:15 P.M.*
- The principal cause of death and related causes of importance were as follows:
Influenza 11/8
Date of onset *Jan 11*
- Other contributory causes of importance:
depression type of mental deficiency
- 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? *no* Date of injury....., 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.
- Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) *W. A. [Signature]*, M. D.
(Address) *Marshall Mo.*

RECEIVED
District Health Officer No. 8,
District File Number *411120*
Date Filed

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 *Donald W. Short*

Licensed Embalmer No. *3757*

P. O. Address *Marshall, 7*

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.