

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26432

State File No. _____

Registrar's No. 797

Registration District No. 6040

Primary Registration District No. _____

1. PLACE OF DEATH

- (a) County Saline
 (b) City or town Trural
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community 30 years
 years, months or days

3. (a) PRINT FULL NAME Clara E. Sherman

3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female
 5. Color or race White

6. (a) Name of husband or wife George Sherman
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26 1858
 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 0
 If less than one day hr. _____ min. _____

9. Birthplace Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John Clayton

13. Birthplace Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Miss Huns

15. Birthplace West Huns
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Sherman

(b) Address Wetmore Mo

17. (a) Burial (b) Date thereof July 28 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Church

18. (a) Signature of funeral director Charles Huns

(b) Address Marshall Mo

19. (a) July 29 1940 (b) Clara E. Sherman
 (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

(c) City or town Trural
 (If outside city or town limits, write "RURAL")

(d) Street No. _____
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
 year 1940 hour _____ minute 30 P. M.

21. I hereby certify that I attended the deceased from July 4 1939
July 26 1940 to 7-26- 1940
 that I last saw her alive on July 24 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral softening with several
General arterial sclerosis years.
 Due to _____
 Due to _____

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations X
 Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 974

While at work? _____ (Specify type of place)

(e) Means of injury X

23. Signature H. P. ... (M. D. or other) M.D.

Address Marshall Mo Date signed 7-26-40

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-13-40

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, only
....., Registered Apprentice No.....
working under my personal supervision.

Signed Joe N. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall 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.