FILED OCT 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31847

Registration District No. 238 Primary Registration District No. 5326 Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Jerico Springs, ~~Moo~~ Cedar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Jerico Springs, Rural
(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.

3. (a) PRINT FULL NAME Nina Pearl Sherron

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J.W. Sherron

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 12, 1881.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	17	hr. min.

9. Birthplace Good Springs, Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House keeping. 9

11. Industry or business 9

FATHER
12. Name Oscar Harwell
13. Birthplace Not known
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Fogg
15. Birthplace No known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Omer Sherron
(b) Address Jerico Spring

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31, 40
(Month) (Day) (Year)

(c) Place: burial or cremation Brasher Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield Mo. 215

19. (a) 2-2-1940 (Date received local registrar) (b) J. A. Wren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1940 hour 2:00 PM minute M.

21. I hereby certify that I attended the deceased from 11/19/38, 19, to January 29, 1940
that I last saw her alive on December 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	?
Cerebral Apoplexy with left	
Due to sided hemiplegia on	
November 18, 1938	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Bennett DO (M. D. or other) 3
Address Jerico Springs, Mo. Date signed 1/30/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

J. W. Ward....., Registered Apprentice No.....

working under my personal supervision.

Signed.....J. W. Ward.....

Licensed Embalmer No.....2832.....

P. O. Address.....Greenfield Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.