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WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 22 1926 908

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44245

Registration District No. \_\_\_\_\_

Primary Registration District No. 4549

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Mountain Grove  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Robert James Sherrell

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 12 - 1921  
(Month) (Day) (Year)

8. AGE: Years 4 Months 10 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mountain Grove, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name John W. Sherrell

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

14. Maiden name Sallie Ann Paul

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

16. (a) Informant Sallie Sherrell

(b) Address Mountain Grove, Mo.

17. (a) Rose Star (b) Date thereof Feb 4 1926  
(Burial, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Star Cem

18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) 12-30-40 (b) Berwick Mulgany  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright  
(c) City or town Mountain Grove  
(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 2 day Feb  
year 1926 hour 4:30 a.m. minute 4 a.m.

21. I hereby certify that I attended the deceased from Jan 31, 1926, to Feb - 2, 1926  
that I last saw him alive on Feb - 2, 1926  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Cred.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: ✓  
Of operations \_\_\_\_\_

Of autopsy none

Duration

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? 83  
While at work ✓ (Specify type of place) \_\_\_\_\_ (e) Means of injury Registrar

23. Signature Berwick Mulgany (Name or other) \_\_\_\_\_

Address Mountain Grove, Mo. Date signed 12-30-40

RECEIVED

District Health Officer No. 6,

District File Number \_\_\_\_\_

Date Filed JAN 15 1941

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, fact should be so stated above.**