

FILED MAR 14 1941

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

6840

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 1061
 (b) Township Miller Primary Registration District No. 5385 34 Registered No. 18
 (c) City R. 2 Ave mo (d) Street No. 1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Martez Corral Sherman
Miller mo Postal
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 9
 OCCUPATION 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) R. 2 Ave mo

FATHER 13. NAME Chauncy Clee Sherman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava mo

MOTHER 15. MAIDEN NAME Eva Elizabeth Hillier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ava mo

17. INFORMANT (ADDRESS) Chauncy Sherman
R. 2 Ave mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Basher DATE 2-4 1941

19. FUNERAL DIRECTOR (ADDRESS) Chambers Funeral Home

20. FILED 2-11 1941 Pete King White
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1941

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1940, to Feb 3 1941
 I last saw her alive on Feb 3 1941. Death is said to have occurred on the date stated above, at 6:32 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
2 1/2

Date of onset

Other contributory causes of importance:
Poliomyelitis
Encephalitis

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?..... 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) M. C. Gentry M. D.

(Address) Ava mo

RECEIVED

District Health Officer No. 6,

District File Number 341-353

Date Filed MAR 4 1944

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)