

10-39
7-39
X21492

State File No. _____

Registration District No. 1400

Primary Registration District No. 555313

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson County Home for the aged & infirm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 mo
In this community 18 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nellie Sherman

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 **6. (a) Single, widowed, married** Wife

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased 3 9 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>11</u>	<u>26</u>	hr. _____ min.

9. Birthplace Aldorado Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business

12. Name George W. Sherman

13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

14. Maiden name Hanna

15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. McCarthy

(b) Address Little Blue, Mo

17. (a) Removal removal **(b) Date thereof** 3/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aldorado Kansas

18. (a) Signature of funeral director Boyd C. Carson

(b) Address Independence Mo

19. (a) 3-6-41 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas city 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 Park Ave 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar day 5
year 1941 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from June 1-40
March 27 41, 19____;

that I last saw her alive on March 4 41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis etc. **Duration** 5 yrs.

Due to _____

Due to _____

Other conditions Styptococci Throat swabs
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 115 B

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? _____

23. Signature [Signature] **(M. D. or other)** D
Address Little Blue Mo 3-6-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Frank A. Hill

Licensed Embalmer No.....

2467

P. O. Address.....

Independence, 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.