

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 5-147

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Rockland
(b) City or town Rockland Twp.
(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 30 yrs years, months or days

3. (a) PRINT FULL NAME Ira Sherman

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

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

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

7. Birth date of deceased Oct 30 - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Not known
18. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Not known
16. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Carls
(b) Address Polo Mo

17. (a) Burial (b) Date thereof 4-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Migabl Cemetery

18. (a) Signature of funeral director Alspaugh & Lowry
(b) Address Polo Mo

19. (a) April 3 1941 (b) Mrs Wylie Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell 13
(c) City or town Rockland Twp 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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 1 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive Dead April 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Burned in burning home accidental death

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 10' 10'

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence April 1 1941

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 10' 10' In home

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

23. Signature E. A. Thompson (M. D. or vet.) Conover

Address Brockbridge Mo Date signed April 1

Duration

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:.....

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, above space should be left blank.