No. 2
4-13-40
5-17-39
I X23159

32
0
0

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

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21572

Registration District No. 260 Primary Registration District No. 5363 Registrar's No.

1. PLACE OF DEATH:
(a) County DEKALB
(b) City or town OSBORN, RURAL (Colfax)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 32
(a) State MISSOURI (b) County DEKALB 0
(c) City or town OSBORN, RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1 ~~[illegible]~~ Colfax TWP.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NATIVE BORN years.

3. (a) PRINT FULL NAME LAWARANCE DAVID SHERMAN
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE 0
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 5 (Day) 1923 (Year)

8. AGE:	Years	Months	Days	If less than one day
	18		20	hr. min.

9. Birthplace ST. JOSEPH (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation none
11. Industry or business
FATHER
12. Name WILLIAM J. SHERMAN
13. Birthplace WATHENA (City, town, or county) KANS (State or foreign country) 1
MOTHER
14. Maiden name EMMA C. CHESSER
15. Birthplace ROSENDALE (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant W. T. Sherman
(b) Address Osborn #1
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 28 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bennet Lane near Savannah Mo
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo
19. (a) 6-25-41 (Date received local registrar) (b) Mildred McMahill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25
year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I ~~attended the deceased from~~
VIEWED THE BODY to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death GASTRIC HEMORRHAGE	4 DAYS
Due to INFANTILE PARALYSIS	15 YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy NONE	

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 Arthur E. Rockhead (M. D. or other) Do
Address Union Star, Mo Date signed 6/25/41
Coroner DeKalb Co.

(Licensed Embalmer's Statement on Reverse Side)

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 June 25 1941, Registered Apprentice No. working under my personal supervision.

Signed John Roy Clancy

Licensed Embalmer No. 2435

P. O. Address St. Joseph 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, fact should be so stated above.