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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34784

Registration District No. 260

Primary Registration District No. 5362

Registrar's No.

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

1. PLACE OF DEATH

(a) County DeKalb Co

(b) City or town Rural (Coffey) Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution RFD #1, Osborn Mo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DeKalb

(c) City or town rural (Coffey) Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #1 Osborn Mo  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RAYMOND-M-SHERMAN

3. (b) If veteran, name war WW

3. (c) Social Security No. WW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 12 year 1941 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from JUNE 11, 1941 to SEPT 11, 1941; that I last saw him alive on SEPT 11, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: June 10 1920  
(Month) (Day) (Year)

Immediate cause of death CEREBRAL EDEMA Duration 72 HRS.

Due to EPILEPSY 12 YEARS

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

8. AGE: Years 21 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions CONGENITAL IDIOSY  
(Include pregnancy within 3 months of death)

Major findings: Of operations gk

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace St Joseph Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

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

12. Name Wm J Sherman

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

14. Maiden name Emma Cresser

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

16. (a) Informant W. T. Sherman

(b) Address Osborn Mo

17. (a) burial (b) Date thereof Sept 15 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Lane Cem

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? \_\_\_\_\_

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

23. Signature John M. Cooper (M. D. or other) O  
Address MAYSVILLE, MO Date signed 9-13-41

18. (a) Signature of funeral director Ray Stamey

(b) Address St Joseph Mo

19. (a) Sept. 13, 1941 (b) Mildred M. Mahall  
(Date received local registrar) (Registrar's signature)

23 (Licensed Embalmer's Statement on Reverse Side)

*1844*

**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.....

*Sept, 12 1941*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John Roy Stamer*

Licensed Embalmer No.....

*2435*

P. O. Address.....

*St. Joseph U*

**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.**