

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42292

State File No. _____

JAN 16 1942

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: Warrensburg Clinic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edith E. McSherry

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 25 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Pennsylvania /
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph J. McSherry

13. Birthplace / Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Criswell
(City, town, or county) (State or foreign country)

15. Birthplace / Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith K. City

(b) Address Arnold, Kansas

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Dec. 22, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. S. Hilt

(b) Address Warrensburg, Mo.

19. (a) Dec 22 1941
(Date received local registrar)

(b) J. M. Williams
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 305 Clark Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1941 hour 1 minute 30 a. m.

21. I hereby certify that I attended the deceased from Dec 18
_____, 1941, to Dec 19, 1941;
that I last saw her alive on Dec 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury 11

23. Signature W. Lee Coffey (M. D. or other) MO

Address Warrensburg, Mo. Date signed Dec 22 1941

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-14-42

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.