

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42319

State File No. _____

Registration District No. 460

Primary Registration District No. 4274

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville, Mo.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
Higginsville
(c) City or town _____
(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.

3. (a) PRINT FULL NAME George William Sherrow

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Girod 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Nov-24-1885
(Month) (Day) (Year)

8. AGE: Years 79 78 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Meinerhas

11. Industry or business _____

12. Name Henry Sherrow

13. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant Josephine Sherrow

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof Dec-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
Higginsville, Mo.

(c) Place: burial or cremation Alfred H. Hofer & Sons

(d) Address Higginsville, Mo.

19. (a) 418722 (b) E. M. Moore
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec-27-1941
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 17-41 1941 to Dec 27 1941;
that I last saw him alive on Dec 27 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 3rd Duration 13 days
Due to Hemorrhage

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 130!

Major findings: 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? _____

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

23. Signature E. M. Moore (M. D. number) U

Address Higginsville, Mo. Date signed 1-29-42

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

10 F 111111

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-16-42

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 _____

_____, 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, fact should be so stated above.