

FILED MAR 13 1942

Primary Registration District No. 5203

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Norborne, (Rural)
(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 38yrs
In this community 38yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Norborne, Rural
(d) Street No. Washington
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Cyrus Oda Cherry

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nellie Cherry 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 12, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Carroll Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Cyrus Cherry
13. Birthplace Unknown Ohio
14. Maiden name Lydia Moyer
15. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Cherry
(b) Address Norborne, Mo

17. (a) Burial (b) Date thereof 1-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem.

18. (a) Signature of funeral director Bernard F. Mead
(b) Address Braymer, Mo

19. (a) Feb. 7, 1942 (b) Max Edgaw Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Jan
year 1942 hour 9 minute 00p. M.

21. I hereby certify that I attended the deceased from 10-1-41
1941, to 1-25, 1942
that I last saw him alive on 1-25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Diabetes mellitus

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations _____
Of autopsy _____

Duration _____
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 D

23. Signature Bl. Cole (M. D. or other) _____
Address Norborne, Mo Date signed 1-27-42

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-11-42

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

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.