S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1942

Registration District No. 653

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5864

State File No. 21949

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 78

(a) State Missouri (b) County Pemiscot

(c) City or town Near Hayti Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route I
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lula Mae Sherwood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adolph Sherwood

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. (Month) 14 (Day) 1875 (Year)

8. AGE: Years 66 Months 9 Days 12 If less than one day — hr. — min.

9. Birthplace Salisbury (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation House-wife

11. Industry or business —

FATHER
12. Name Tom McGuire
13. Birthplace Salisbury (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Jane Safford
15. Birthplace Salisbury (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Mr Adolph Sherwood
(b) Address Near Hayti Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director E. S. Smith
(b) Address Caruthersville Mo.

19. (a) 6/27/42 (Date received local registrar) (b) Mrs. G. G. Shirey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 24, 1942 to June 23, 1942 that I last saw her alive on June 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Cancer of Bladder	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cancer of bladder in last stages
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 A. S. Rogers (M. D. or other) M D
Address Mandell, Mo Date signed 6/26/42

1214 (Licensed Embalmer's Statement on Reverse Side)

7-42-4

FEB 7 1944

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: James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrithersville 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.