

FILED FEB 12 1943

State File No. _____

Registration District No. _____

Primary Registration District No. 2428

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Bourbon, 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 _____ (Specify whether years, months or days) 40 Years.

3. (a) PRINT FULL NAME Carl H. Sherman

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Grace Sherman 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sep. 22, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 12 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name Henry Sherman

13. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alma Bickhoff

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grace Sherman

(b) Address Bourbon, Missouri

17. (a) Burial (b) Date thereof Jan. 6, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cap Hill

18. (a) Signature of funeral director W. Schaffer

(b) Address Sullivan, Mo.

19. (a) Jan 7-43 (b) Don Quins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Bourbon, Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1943 hour 2 minute 20 A. M.

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

Immediate cause of death _____
Due to Coronary Thrombosis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 Coronet
23. Signature Ernest L. Altman (M. D. or other) _____
Address Jerald St. Date signed 1-4-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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 Edgar W. Laffan
Licensed Embalmer No. 3394
P. O. Address Sullivan 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, above space should be left blank.