

LED FEB 16 1943
Registration District No. 29

Primary Registration District No. 5825

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Caton (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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) (Specify whether _____)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Caton
(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 Paul Freese Sherman

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1943 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 27, 1943 to Jan 29, 1943
that I last saw him alive on Jan 29, 1943
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mrs Mary Chisholm Sherman alive _____ years

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

7. Birth date of deceased May 7 1855
(Month) (Day) (Year)

Immediate cause of death Polar pneumonia

8. AGE: Years 87 Months 8 Days 22
If less than one day _____ hr. _____ min.

Duration _____

Due to _____

Due to _____

9. Birthplace Idaho Falls Maine
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Business man

11. Industry or business Woods - farming - merchant

12. Name John F Sherman

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

14. Maiden name Zeta Blakely

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

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Ray Sherman

(b) Address Caton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mounts Cem.

18. (a) Signature of funeral director T. C. Knight

(b) Address Parma

19. (a) Jan. 30 43 (Date received local registrar) (b) Mrs S. B. Rademaker (Registrar's signature)

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 _____

23. Signature Paul Sherman (M. D. or other)

Address Parma Mo Date signed 1/30/43

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

72
00

RECEIVED

District Health Office No. 2

District File Number 243-184

Date Filed 2-8-43

OCT 1
1953

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.