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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14501

State File No.

Registration District No. 130 Primary Registration District No. 5572 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Grain Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co Emg. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether

In this community 38 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson. 48

(c) City or town Independence Mo. (If outside city or town limits, write "RURAL")

(d) Street No. RR #5 (If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME ESTHER A. SHERMAN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Roy Sherman

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

7. Birth date of deceased Nov. (Month) 29 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	27	hr. min.

9. Birthplace Lyon Co. Minnesota (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Wesley Northup
13. Birthplace no record Michigan (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dunn
15. Birthplace no record Michigan (City, town, or county) (State or foreign country)

16. (a) Informant Jackson Co Hospital

(b) Address Lucile Blue Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) Mar 26, 1943 (Date received local registrar) (b) F. M. Schick by Ellis Schick op. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from 3-10-43, 19..., to 3-24-43, 19...; that I last saw her alive on 3-24-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes M.	20 yrs
Due to Gangrene legs	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

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 F. B. Dailey (M. D. or other) M.D.

Address Jackson Co. Emg. Hosp. Date signed 3/24/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1949

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.