

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mercy Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Infant Sherard

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

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

6. (b) Name of husband or wife XX  
6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 7 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business

12. Name Ronald E. Sherard

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

14. Maiden name Wava Ellen Taylor

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

16. (a) Informant Wava E. Sherard

(b) Address Maysville, Missouri

17. (a) Burial (b) Date thereof 6-9-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 6-9-43 (b) Rose Helzog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb  
(c) City or town Maysville  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1943 hour 11:05 minute P. M.

21. I hereby certify that I attended the deceased from June 7,  
(10:50 A.M.) 1943 to June 7, 1943,  
that I last saw him alive on June 7, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Failure of  
Franken valve to close

Due to Premature Birth

Due to 1572

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

23. Signature H. N. Toom (M. D. or other) 2 D.O.

Address Richpatrick Bldg. Date signed 6/7/43

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

**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. 3300 Missouri

P. O. Address St. Joseph, Missouri.

**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.**