

FILED SEP 25 1943

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene  
SPRINGFIELD

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

(c) Name of hospital or institution:  
O'Reilly General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days  
(Specify whether 0 days)

In this community 41 days  
(years, months or days)

3. (a) PRINT FULL NAME FRANKLIN G. SHERRILL

3. (b) If veteran, name war none 3. (c) Social Security No. unk

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased August 26, 1918  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>0</u>	<u>8</u>	hr. _____ min.

9. Birthplace Era Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Public School

MOTHER FATHER

12. Name David Sherrill

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

14. Maiden name Flordia Wright

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

16. (a) Informant David Sherrill  
(b) Address Era Texas

17. (a) Removal (b) Date thereof Sept. 5, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gainesville Texas

18. (a) Signature of funeral director Amey J. ...  
(b) Address Springfield Mo

19. (a) 9-5-43 (b) D. W. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Cooke 999

(c) City or town Era  
(If outside city or town limits, write "RURAL") 41

(d) Street No. General Delivery  
(If rural, give location) 0

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

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4  
year 1943 hour 2 minute 18 A.M.

21. I hereby certify that I attended the deceased from July 26, 1943 to September 4, 1943  
that I last saw him alive on September 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic hyper-nephroma, generalized Duration 4 mos.

Due to Hypernephroma, left kidney 6 mos.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 52a

Major findings: Of operations \_\_\_\_\_

Confirmation of above diagnoses

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 D. W. ... (M. D. or other) 0  
Address O'Reilly Gen. Hosp Date signed 9/4/43

AUG 3 1956

**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.....

*Walter E. Danville*

Licensed Embalmer No.....

*3808*

P. O. Address.....

*Springfield 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.**