S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 23 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38068

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 235

**1. PLACE OF DEATH:**

(a) County Cole

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

(c) Name of hospital or institution:
Missouri State Prison Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1wks (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole

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

(d) Street No. Missouri State Prison
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Edgar Joseph Sherrow

3. (b) If veteran, name war

3. (c) Social Security No. 431-20-8559

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased June 18, 1918 (Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 25 | 4 | 27 | hr. min. |

9. Birthplace Laredo, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Prison Records

11. Industry or business

FATHER
12. Name Samuel Sherrow
13. Birthplace Unk. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nora Sherrow
15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Sherrow
(b) Address Laredo, Mo.

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Laredo, Mo.

18. (a) Signature of funeral director Victor Bruscher
(b) Address Jefferson City, Mo.

19. (a) 11-16-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 15 P
year 1943 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov 8, 1943 to Nov, 1943
that I last saw him alive on Nov 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to Post Operative

Due to

Other conditions 117a
(Include pregnancy within 3 months of death)

Major findings:
Of operations Duodenal Adhesions Ulcer
Of autopsy

Duration

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 J G Bruce (M. D. or other) MD
Address Jefferson City Mo Date signed 11/16/43

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1943

## 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.....Victor Buesecher

Licensed Embalmer No.....3701

P. O. Address.....Jefferson City, 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.**