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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6541

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Rocheport 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Harry Sherman
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Negro
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 (Month) 15 (Day) 1891 (Year)
8. AGE: Years 52 Months 6 Days 18 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farm Laborer
11. Industry or business —
MOTHER FATHER
12. Name Hill Sherman
13. Birthplace (City, town, or county) Missouri (State or foreign country)
14. Maiden name Julia Williams
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Pt. (Harry Sherman)
(b) Address Rocheport, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Rocheport Mo.
18. (a) Signature of funeral director Stuart J. Barber
(b) Address Columbia Missouri
19. (a) 1-4-1944 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd year 1944 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from December 27 1943 to Jan 3 1943 that I last saw h. alive on January 3 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis — Duration 7 days
Due to: Unknown etiology
? Pellagra
Due to:
Other conditions (Include pregnancy within 3 months of death): 69
Major findings:
Of operations:
Of autopsy: See above

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 0
23. Signature J. K. Ackerman (M. D. or other) MD
Address Cancer Hospital Columbia Date signed 1/3/44

(Licensed Embalmer's Statement on Reverse Side)

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 Steven D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.