S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

Registration District No. 371

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6261

State File No. 29052

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rogersville W. Benton T.S.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Rogersville, Rural, W. Benton T.S.
(If outside city or town limits, write "RURAL")
(d) Street No. 112
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Edward Sherman
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 Married
6. (b) Name of ~~husband or~~ wife Alice
6. (c) Age of ~~husband~~ or wife if alive 72 years
7. Birth date of deceased March (Month) 10 (Day) 1867 (Year)

8. AGE: Years 77 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Webster Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Henry Sherman
13. Birthplace Berlin Germany (City, town, or county) (State or foreign country)
14. Maiden name Rhoda Handy
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mr. John Sherman
(b) Address Rogersville, Mo. R#
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23-44 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cem.
18. (a) Signature of funeral director Kelley-Ferrell
(b) Address Rogersville, Mo.
19. (a) Aug 23-1944 (Date received local registrar) (b) Susie O. Beasley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1944 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from July 20 1944 to Aug 20 1944 that I last saw him alive on Aug 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Exhaustion — Duration
Due to Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
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) 117
(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 Eugene B. Mumer (M. D. or other)
Address Rogersville Mo. Date signed 8-20-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 944-991
Date Filed SEP 5 1944

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.