

FILED OCT 24 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3983

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Roanoke Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 6 wks
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4030 Tracy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Edwin Austin Sherwood

3. (b) If veteran, name war xx 3. (c) Social Security No. 490-16-8100

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jennie Lee Sherwood 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased February 23, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 88 If less than one day hr. min.

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation salesman (retired)

11. Industry or business

12. Name Edwin A. Sherwood
13. Birthplace Lockport, Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Ella Stone
15. Birthplace no record Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Lee Sherwood

(b) Address 4030 Tracy

17. (a) burial (b) Date thereof 10-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost

19. (a) 10-4-44 (b) T. E. Brown (D3)
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1944 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1944 to Oct 1 1944
that I last saw him alive on Oct 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 days
Due to General Debility renal
Due to Cerebro Vasculer renal
accidents years

Other conditions (include pregnancy within 3 months of death) 85 W
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)
(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 Cecil M. Kohn (M. D. or other) no
Address 620 P. St. 1944 Date signed 10/3/44

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

MOTHER FATHER

Dr. Cecil M. Kohn
Professional Bldg.
Vi. 1198

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 Guy Buffington
Licensed Embalmer No. 7756
P. O. Address K. C. 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.