V. S. No. 2
00M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8797

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 948

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: 102 East 38th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 65 years,
years, months or days)

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. 102 East 38th St.,
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME ~~James~~ John Chase Lord Sherwood
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Louise Madeira Sherwood
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased October (Month) 25 (Day) 1854 (Year)

8. AGE: Years 90 Months 4 Days 1 If less than one day hr. min.
9. Birthplace New York (City, town, or county) (State or foreign country)
10. Usual occupation Retired,
11. Industry or business x

FATHER
12. Name William Charles Sherwood
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances J. Lord
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Howard R. Brandt,
(b) Address 1134 W. 8th St., Kansas City, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-27-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th year 1945 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from 1 yr. , 19 , to 2-26 1945
that I last saw him alive on 2-25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis - ~~Induration~~ Chronic
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations 131 lb.
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 2 D.O.
23. Signature R. H. Simmons (M. D. or other)
Address 3937 Main Date signed 2/26

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard H. Simmons,
3937 Main, Office Va 4113 9 to 5
4051 Warwick Home We 4042
1-30

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 E. M. Plank

Licensed Embalmer No. 7848

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.