

**FILED MAR 30 1945**  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Springfield Baptist Hospital (1)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 DAYS**  
(Specify whether  
In this community **78 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GREENE**  
(c) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **625 SOUTH HAMPTON**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **JULIA BELLE GAULT SHERMAN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **DAVID ULYSSES SHERMAN** 6. (c) Age of husband or wife if alive **DEC.** years  
7. Birth date of deceased **SEPTEMBER 9, 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **5** Days **22** If less than one day hr. min.

9. Birthplace **GREENE COUNTY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **OWN HOME**

MOTHER FATHER  
12. Name **WALTER A. GAULT**  
13. Birthplace **UNK. TENNESSEE**  
(City, town, or county) (State or foreign country)  
14. Maiden name **NETY BODENHAMMER**  
15. Birthplace **UNK. TENNESSEE**  
(City, town, or county) (State or foreign country)

16. (a) Informant **DAVID O. SHERMAN**  
(b) Address **625 SOUTH HAMPTON, Spfld, Mo**

17. (a) **BURIAL** (b) Date thereof **3/3/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CLEAR CREEK**

18. (a) Signature of funeral director **H.H. LOHMEYER**

(b) Address **SPRINGFIELD MO.**

19. (a) **3-2-45** (b) **D. W. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**  
year **1945** hour **5** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Sept. 1944**, 19... to **March 1**, 19...  
that I last saw him alive on **March 1**, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia from arteriosclerosis** Duration **10 days**

Due to **Generalized arteriosclerotic Cardiovascular disease** **20 yrs.**

Due to.....

Other conditions **Arteriosclerotic heart disease**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **1310**

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) (c) Means of injury.....

23. Signature **Thomas S. Harris** (M. D. or other) **MD**  
Address **Springfield, Mo.** Date signed **2/1/45**

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

6  
2  
6

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**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

*L. D. Gorman*

Licensed Embalmer No.

*3177*

P. O. Address

*Springfield 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.**

*X*