S. No. 2
0M—2-43
v. 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 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4714

Registration District No. 42 — Primary Registration District No. 5126 — Registrar's No. 209

1. PLACE OF DEATH:

(a) County Buchanan (CRAWFORD TOWNSHIP)

(b) City or town South of Faucett Highway # 71 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway # 71 So. of Faucett (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community most of life in St. Joseph years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 601 E. Missouri Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Joseph A. Sherman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Faye Sherman

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 21, 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	8	23	hr. min.

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

10. Usual occupation Prosecuting Attorney

11. Industry or business Buchanan County

FATHER
12. Name William H. Sherman
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Eden
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Faye Sherman
(b) Address 601 E. Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Clark Mosbury
(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) Feb. 21, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14th year 1946 hour 8 minute 20 p. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from 2-15, 1946, to ....., 19....; that I last saw h..... ~~alive on~~ ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when Car in which he was driving went over an Embankment

Due to .....

Due to .....

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No 1702-8 28

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) accident

(b) Date of occurrence 2-14-1946

(c) Where did injury occur? Rural Buchanan Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? yes (e) Means of injury auto

23. Signature B. W. Tadlock Coroner (M. D. or other) 3

Address King Hill Bldg St. Joseph, Mo. Date signed 2/16/46

(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 Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.