

FILED MAR 4 1946

State File No. _____

Registration District No. 337

Primary Registration District No. 45-27-6222

Registrar's No. 67

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town S. W. Bronaugh Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Vernon 108
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. S. W. Bronaugh, Mo.
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elmer Yates Sheraburn
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 10
 year 46 hour 9 minute a. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maggie Sheraburn
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 13, 1853
(Month) (Day) (Year)

Immediate cause of death: Suicide
 Due to used a .22 rifle with soft nose bullet
 Due to in right temple
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:
 Years 82 Months 1 Days 28
 If less than one day _____ hr. _____ min.
 9. Birthplace Macoupin Ill
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy not done

10. Usual occupation Farming
 11. Industry or business _____
 12. Name Fanny Sheraburn
 13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 2-10-46
 (c) Where did injury occur? Vernon Co. Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)

MOTHER FATHER
 16. (a) Informant Med Sheraburn
 (b) Address Bronaugh, Mo.
 17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wesley Church
 18. (a) Signature of funeral director Wesley Funeral Home
 (b) Address Wesley, Mo.
 19. (a) Feb 12/46 (b) Ruth Faith
(Date received local registrar) (Registrar's signature)

23. Signature Marsh Eshinger Corner 3
(M.D. or other)
 Address Wesley, Mo. Date signed 2-11-46

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

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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 *Mark Eichinger*

Licensed Embalmer No. *2656*

P. O. Address *Nevada, 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.