S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27359

Registration District No. 119 Primary Registration District No. 1062 Registrar's No. 3502

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~~: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether years, months or days)
In this community 24 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County Miami
(c) City or town OSAWATOMIE
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 SOUTH 6TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR HARRY HOBSON SHERMAN, JR
3. (b) If veteran, name war WORLD WAR II
3. (c) Social Security No. 487-16-8073
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or wife~~ MRS. BETTY JEAN SHERMAN
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased NOVEMBER (Month) 12 (Day) 1919 (Year)

8. AGE: Years 26 Months 9 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace MUSKOGEE (City, town, or county) OKLAHOMA (State or foreign country)
10. Usual occupation FLYER AND AVIATOR
11. Industry or business INSTRUCTOR - OSAWATOMIE, KAS
FATHER
12. Name HARRY HOBSON SHERMAN, SR.
13. Birthplace SILOAM SPRINGS (City, town, or county) KANSAS (State or foreign country)
MOTHER
14. Maiden name VIVIAN RUDDICK
15. Birthplace CARFIELD (City, town, or county) ARKANSAS (State or foreign country)
16. (a) Informant Mrs. Betty Jean Sherman
(b) Address Lawrence, Kans.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 14 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY
18. (a) Signature of funeral director D. N. Bruce Mc's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 8-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 12TH year 1946 hour 3 minute 55 A.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Deputy Coroner	
Crushing Injury Chest	
Due to: & Abdomen 173-6	
Due to: Cerebral Concussion 34 &	
Other conditions (Include pregnancy within 3 months of death): Hemorrhage	
Major findings: Of operations: Airplane Trauma	
Of autopsy: See Above	

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 136
(b) Date of occurrence 8/13/46
(c) Where did injury occur? Osawatomie (City or town) Miami (County) Kan. (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? No (e) Means of injury Trauma
23. Signature A. E. Usher (M. D. or other) M.D.
Address 2809 Main Date signed 8/14/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1946

OCT 25 1946

OCT 25 1945

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.