. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1946

State File No. 32539

Registration District No. 378 Primary Registration District No. 4952 Registrar's No. 29

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Otis Sherrell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lucinda Sherrell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 29 (Day) 1883 (Year)

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Douglas County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Supt. City Water Works

11. Industry or business

FATHER
12. Name Thomas Sherrell
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisa Ousley
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Ruth Prater
(b) Address Mountain Grove Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hill-Crest Cemetery

18. (a) Signature of funeral director [signature]
(b) Address Mountain Grove Missouri

19. (a) 9-30-46 (Date received local registrar) (b) A. G. Amos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept-10 1946, to Sept-15 1946
that I last saw him alive on Sept-10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Brain (Glioma) — Duration 5 yrs.

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓ Tumor of Brain

Of autopsy ✓

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 ✓

23. Signature R. G. France (M. D. ~~or other~~) ✓
Address Mountain Grove, Date signed 9-19-46

349 (Licensed Embalmer's Statement on Reverse Side) mo.

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 George Stapp

Licensed Embalmer No. 5161

P. O. Address Mtn Grove 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.