

FILED MAR 24 1947
 Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **400**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Wayne Nursing Home
716 North 6th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution abt. 2 1/2 months
(Specify whether)
 In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2113 St. Joseph Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JAMES - E SHERMAN
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 16
 year 1947 hour 3:30 minute 0 A. M.
 21. I hereby certify that I attended the deceased from Feb. 6
1947 to Mar. 16 1947
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wht
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Rosal 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Jan 30 1892
(Month) (Day) (Year)

that I last saw h. Mar 12 alive on Mar 12 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Arteriosclerosis
hypertension
chronic myocarditis
 Due to _____
 Due to _____

8. AGE: Years 75 Months 1 Days 16 If less than one day hr. _____ min. _____

Other conditions g3D
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Desa Ill
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Employee of
 11. Industry or business Chicago Great Western R.R.
 12. Name Samuel Sherman
 13. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Jewell
 15. Birthplace McArthur Ohio
(City, town, or county) (State or foreign country)

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 W. J. ...
(M.D. or other)
 Address ... Date signed 3/17/47

16. (a) Informant Miss S. J. Jensen
 (b) Address 1126 Raymond St. B. Columbia
 17. (a) BURIAL (b) Date thereof 3-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oakland Cemetery
 18. (a) Signature of funeral director Stoney Funeral Home
 (b) Address St. Joseph MO
 19. (a) 3-21-47 (b) V. C. Jenkins
(Date received local registrar) (Registrar's signature)

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MAY 13 1947
Kink

APR 4 1947

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
Charles M. Harman Registered, Apprentice No. 450
working under my personal supervision.

Signed John Ray Stoney
Licensed Embalmer No. 2435
P. O. Address H. 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.