V. S. No. 2
00M—5-43
Rev. 5-17-39
Ser. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13664

Primary Registration District No. 1002

Registrar's No. 1632

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 days (Specify whether years, months or days)
In this community: 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 6216 E. 17 St. 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Della Ruth Sherwood
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife: Fred H.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 13, 1860 (Month) (Day) (Year)

8. AGE: Years: 87 Months: 0 Days: 24 If less than one day: hr. min.

9. Birthplace: Litchfield (City, town, or county) Mich (State or foreign country)
10. Usual occupation: Housemaker
11. Industry or business: At home
MOTHER FATHER
12. Name: Ruben C Ames
13. Birthplace: (City, town, or county) N.Y. (State or foreign country)
14. Maiden name: Ruth Parker
15. Birthplace: (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant: Clark R. Sherwood
(b) Address: 6216 E 17 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: Blackman
(b) Address: K.C. Mo
19. (a) 4-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 7
year: 1947 hour: 1 minute: 30 A.M.

21. I hereby certify that I attended the deceased from March 14, 1947, to April 7, 1947; that I last saw her alive on April 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary thrombosis — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 11a
Major findings: Of operations:
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):
(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: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 4-7-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Keller

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: H D Blackman

Licensed Embalmer No. 3639

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.