

S. No. 2
M-34
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16284

State File No. _____

FILED MAY 15 1947

Registration District No. 368

Primary Registration District No. 6248

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods Twp
(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 years, months or days)
In this community 80 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington 110
(c) City or town Richwoods TWP 10
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sherman Emily

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 6 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Richwoods MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Manuel Emily 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Sansocie
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Michael Scalarando
(b) Address Richwoods MO

17. (a) Burial (b) Date thereof 5-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation R. Stephen Co

18. (a) Signature of funeral director R. Stephen Co

(b) Address _____

19. (a) 5-5-47 (b) _____
(Date received local registrar) (Date of death)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day May
year 1947 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from May 4 1947 to May 5 1947
that I last saw him alive on May 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Due to La Grippe

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations B3A
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature O W Parker (M. D. certified)
Address Richwoods Date signed 5-5-47

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

110
6
0

RECEIVED

Dist. Health Officer No. 4
Dist. File Number 547-689
Date Filed 5-13-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.