

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23896

FILED AUG 9 1947
Registration District No. 19420

Primary Registration District No. 5446

State File No. (73) 733
Registrar's No.

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

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 43-4-0

3. (a) PRINT FULL NAME William French Sherry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Whit.

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

6. (b) Name of husband or wife Winnie Annie Sherry

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased 17 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 6

If less than one day hr. min.

9. Birthplace Henry County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Lewis Sherry

13. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Amanda Simpson

15. Birthplace Yadin County North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Terry A. Sherry

(b) Address Stanberry Missouri

17. (a) BURIAL (b) Date thereof 7-25-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Ridge at Stanberry

18. (a) Signature of funeral director J. E. Simpson

(b) Address Stanberry Missouri

19. (a) July 28-1947 (b) Harold N. Sherry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38

(c) City or town Rural - Cooper Township
(If outside city or town limits, write "RURAL")

(d) Street No. Five miles South west of Stanberry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1947 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 1
1947 to July 4, 1947
that I last saw him alive on July 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A 4 H

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) no

(b) Date of occurrence

(c) Where did injury occur? no
(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 no

23. Signature J. E. Simpson (M. D. or other)

Address Stanberry Mo Date signed 7-26-47

DISTRICT HEALTH OFFICE
Cameron, 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

J. Ewan Johnson, Registered Apprentice No. 1
working under my personal supervision.

Signed J. Ewan Johnson
Licensed Embalmer No. 34921
P. O. Address Starkley 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.