No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42771

FILED JAN 7 1948

Registration District No. ..... Primary Registration District No. 3059 Registrar's No. 423

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 119 Iron St
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 119 Iron St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME OLIVER FRANCIS SHERMAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. UNKNOWN
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rebecca Ann Sherman
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan 3 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	5	..... hr. ..... min.

9. Birthplace Platte (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Locomotive Engineer
11. Industry or business Mo Pac Railroad
MOTHER FATHER
12. Name William F. Sherman
13. Birthplace Jefferson Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name Mary Ellen Lynch
15. Birthplace Arkansas (City, town, or county) (State or foreign country)
16. (a) Informant Rebecca Ann Sherman
(b) Address 119 Iron Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cemetery
18. (a) Signature of funeral director Barham Fd Co
(b) Address 313 Barham Bonne Terre Mo
19. (a) 12-30-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1947 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 8, 1947 to Dec. 8, 1947 that I last saw him alive on Dec. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	4 weeks
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 M. T. Hart, Jr. (M. D.) M.D.
Address Bonne Terre, Mo. Date signed 12/29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1948

JAN 12 1948

RECEIVED

District Health Officer No. 4

File Number 148-14

Date Filed 1-6-48

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 Lin Counts Registered Apprentice No. 95 working under my personal supervision.

Signed Clarence J. Claywell

Licensed Embalmer No. 3766

P. O. Address Bonne Terre 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.