

FILED APR 12 1948

Registration District No. 20

Primary Registration District No. 5446

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural, Cooper Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 70-0-0
years, months or days)

3. (a) PRINT FULL NAME Winnie Anna Sherry

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife W. French Sherry 6. (c) Age of husband or wife if alive ✓ years 2
7. Birth date of deceased (Month) 2 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Madison County North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Mack Calvin Martin
13. Birthplace Madison County North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Long
15. Birthplace Madison County North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Terry A. Sherry
(b) Address Stanherry Missouri
17. (a) BURIAL (b) Date thereof March 25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation High Ridge Cemetery

18. (a) Signature of funeral director John Johnson
(b) Address East 2nd St Stanberry Missouri
March 29-1948 (c) Thomas V. Tabet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 28
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 miles South West of Stanberry 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Jan
1947, to Feb 22, 1948;
that I last saw him alive on Jan 22, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carburetor Ham or hanger
Duration

Due to St. Louis Telephone
Arrested

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 27
Of autopsy ✓

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) no
(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) (c) Means of injury ✓

23. Signature John Johnson (M. D. or other)
Address Stanherry MO Date signed 3-24-48

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.....

Evan Johnson....., Registered Apprentice No. *no*
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3492*

P. O. Address *Shelby Missouri*

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.