FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

Registration District No. 937

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 25164

Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Shelbina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Thurman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Shelby 102
(c) City or town: Shelbyville
(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: FRANK M. SHERWOOD
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: May Lucille Sherwood
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Mar. (Month) 19 (Day) 1872 (Year)

8. AGE: Years 76 | Months 3 | Days 23 | If less than one day: ✓ hr. ✓ min.

9. Birthplace: Shelby Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER
12. Name: James Sherwood
13. Birthplace: Lewis Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Hester Powell
15. Birthplace: Maryland (City, town, or county) (State or foreign country)
16. (a) Informant: Lillard Sherwood
(b) Address: Shelbyville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: E. P. Thompson
(b) Address: Shelbyville, Mo
19. (a) July 14-48 (Date received by local registrar) (b) Ruth Joyner (Registrar's signature) 2071

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 11:45 minute A M.

21. I hereby certify that I attended the deceased from at time of death 19..., to ..., 19...; that I last saw him alive on after death, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
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: Dr. Lee E. Thompson (M. D. or other) D.O.
Address: Box 375 Shelbyville, Mo Date signed: July 14, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1
District File Number 7:48:13
Date Filed JUL 28 1948

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed E. C. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.