No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 25 1948

Registration District No. 2307

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6141

State File No. 28601

Registrar's No. 75

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

1. PLACE OF DEATH:
(a) County Shelby
(b) City or town Rural--Jackson Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ---- 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----
(Specify whether
In this community ----
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. north Hunnewell
(If rural, give location)
(e) Citizen of foreign country? ---- (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Guy Watson Sherwood
3. (b) If veteran, name war ----
3. (c) Social Security No. 486-14-5010

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel W. Sherwood
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 19 1893
(Month) (Day) (Year)

8. AGE: Years 55 | Months 3 | Days 22 | If less than one day ---- hr. ---- min.

9. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business ----

FATHER
12. Name George W. Sherwood
13. Birthplace Shelbyville Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Baxter
15. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Sherwood
(b) Address Hunnewell Missouri
17. (a) Burial (b) Date thereof 8/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina Missouri
18. (a) Signature of funeral director Given Funeral Home
(b) Address Hunnewell Missouri
19. (a) Aug 16-48 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1948 hour 7 minute 20 P M.

21. I hereby certify that I attended the deceased from Aug 10, 1948, to Aug 10, 1948; that I last saw him alive on Aug 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion (acute)	6 hrs
Due to: Coronary sclerosis	about 3 years
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 R H Parker (M. D. ~~or other~~)
Address Hunnewell Mo Date signed 8-11-48

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

RECEIVED
District Health Officer No. 10
District File Number 8:48:1478
Date Filed AUG 23 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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Sheehan, 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.