No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 5 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4439 6006

State File No. 30706

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: RFD #1 Cairo Mo 1 (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 Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. RFD #1 Cairo (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IDA JANE SHERWOOD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Sherwood

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased January (Month) 28 (Day) 1863 (Year)

8. AGE: Years 85 Months 7 Days 30 If less than one day hr. min.

9. Birthplace Randolph Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Newton Huntsman
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ann Collins
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Harry L. Sherwood

(b) Address RFD #1 Cairo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 48 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Knott Funeral Home

(b) Address Moberly Mo.

19. (a) Sep 29-48 (Date received local registrar) (b) Leslie William Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th year 1948 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from April, 1946, to Sept, 1948, that I last saw her alive on 27 Sept, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Cardiorenal disease	2 yrs
Due to Fracture hip	3 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 888

(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 2

23. Signature John S Haydock (M. D. or other) D.O.

Address Cairo Mo Date signed 9-28-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-48-1717
Date Filed OCT 4 - 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 R M Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1021

Registration District No. 294 Primary Registration District No. 6006 Registrar's No. 252

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:

(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ada J. Sherwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 28 1863
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 30 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 27 year 1948 hour minute M.

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

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident

(b) Date of occurrence 26 July 1948

(c) Where did injury occur? CAIRO (City or town) Randolph (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ON FARM (Specify type of place)

While at work? No (e) Means of injury FALL

23. Signature John S Haydock (M. D. or other) D.O

Address Cairo Mo Date signed 16 Oct 48

SUPPLEMENTARY

S-30706