WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

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REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10911
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy 2 Registration District No. 329
(b) Township Marion 1 Primary Registration District No. 5434 A Registered No.
or
(c) City 1 (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 HIRAM SHERROW
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Arnetta Sherrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1854

7. AGE: YEARS 84 | MONTHS 9 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

FATHER
13. NAME Lorenzo Low Sherrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME Mary Hammersley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Roy Sherrow Trenton Mo R#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rural Dale Cem DATE 3-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Robertson Laredo Mo

20. FILED Mar. 30 1939 J. C. Humphreys Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Jany 10, 1939, to Mar 13, 1939
I last saw him alive on Mar 10, 1939. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937

97

Other contributory causes of importance: Age

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E J Mains M. D.
(Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 111
District File Number 39-355
Date Filed APR 12 1939

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~~ .....
V. J. Robertson, Registered Apprentice No. .....
working under my personal supervision.

Signed V. J. Robertson
Licensed Embalmer No. 2HL8
P. O. Address Jarrell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.