

No. 2
4-13-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41900

State File No.

JAN 10 1945

Registration District No.

Primary Registration District No. 1001

Registrar's No. 1346

1. PLACE OF DEATH **3**

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Since 11-15-1939**
(Specify whether years, months or days)

In this community **abt 50 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo.** (b) County **Buchanan**

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

(d) Street No. **State Hwy. #2 2117 Gulson St**
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Charles J. Sherman**

3. (b) If veteran, name war **710** 3. (c) Social Security No. **710**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **Radio** 6. (c) Age of husband or wife if alive **20** years **1860**

7. Birth date of deceased **mo** (Month) **20** (Day) **1860** (Year)

8. AGE: Years **80** Months **9** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **New Orleans** (City, town, or county) **1** (State or foreign country)

10. Usual occupation **Carpenter** **4**

11. Industry or business _____

12. Name **James Sherman** **4**

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

14. Maiden name **Marion**

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

16. (a) Informant **Richard Thompson**

(b) Address **St Joseph mo**

17. (a) **buried** (b) Date thereof **12-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holton Kans.**

18. (a) Signature of funeral director **Roy Stamer**

(b) Address **St Joseph mo**

19. (a) **Dec 23 1940** (b) **J. H. Nestlebusch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22** year **1940** hour **4:30** a. m. minute _____ M.

21. I hereby certify that I attended the deceased from **7** **Nov 15**, 19**39**, to **Dec 22**, 19**40**, that I last saw him alive on **Dec 21**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia following Chronic Bronchitis since** Duration **12-14-1940**

Due to _____

Due to _____

Other conditions **Some mental and physical debilitation**
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations _____

Of autopsy **none**

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) _____

(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? **85**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **PS Tate** (M. D. or other) _____

Address **State Hwy. #2 St Joseph** Date signed **12-22-40**

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

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.....

Dec 22 1940

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph, 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.