FILED MAY 23 1941

S. No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15046

Registration District No. 477 Primary Registration District No. 200 Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Lewis

(b) ~~City or town~~ Rural, Dickerson Twp

(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

In this community 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Rural 0

(If outside city or town limits write "RURAL")

(d) Street No. 0

(If rural, give location)

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

3. (a) PRINT FULL NAME Eli Sherwood

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced (0) Single

6. (b) Name of husband or wife

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

7. Birth date of deceased About 1856 (Month) (Day) (Year)

8. AGE: Years 86 Months Days If less than one day hr. min.

9. Birthplace Canton (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Labor

11. Industry or business Farming

FATHER 12. Name John Sherwood

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Oscar Bash

(b) Address Ewing, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8th. 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Midway

18. (a) Signature of funeral director [illegible]

(b) Address La Grange, Mo.

19. (a) Apr 7, 1941 (Date received local registrar) (b) R. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day sixth year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 6, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	2 Weeks
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)

(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 W. B. Dodson (M. D. or other) D.O.

Address La Grange, Mo Date signed 4/7/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-41-967
Date Filed MAY 20 1941

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 A.A.Roberts, Registered Apprentice No. _____, working under my personal supervision.

Signed A.A.Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, 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, above space should be left blank.