

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1942

Registration District No. 417413

Primary Registration District No. 5559C

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Co. TBC Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 420 So. Spruce
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Charles Sherman

3. (b) If veteran, name war None

3. (c) Social Security No. 500-05-7180

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 30 year 1942 hour 1 minute 30 a. M.

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Lucille March

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: March 17 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1941 to Jan 30 1942 but I last saw him alive on Jan 29 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>10</u>	<u>13</u>	hr. min.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

9. Birthplace Barry Co Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 138

Of autopsy _____

10. Usual occupation None

11. Industry or business None

12. Name John Sherman

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

14. Maiden name Dillie Casley

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

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? _____

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

16. (e) Informant Lucille Sherman

(b) Address 6109 E Third Cothage

17. (a) Burial (b) Date thereof Feb 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Shell Mortuary

(b) Address Cothage Mo

19. (a) Feb 1 1942 (b) W. M. DeLoach
(Date received local registrar) (Registrar's signature)

23. Signature Jesse B. Douglas (M. D. or _____)

Address 1111 E. 7th St. Minn. Date signed 1/30/42

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

MOTHER FATHER

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

42-16

FEB 4 1949

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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.