

FILED OCT 10 1942
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 300

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: State Hospital No. 1
 (a) County: Callaway
 (b) City or town: Fulton, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital no 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 3 yrs. 6 mos 10 days
 (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME: Harry Stone Sherrick
 3. (b) If veteran, name war: NO
 3. (c) Social Security No.: NO

4. Sex: MO 5. Color or race: W 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Sept 14 1890
 (Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace: Mt. Pleasant, Iowa /
 (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: _____

MOTHER FATHER { 12. Name: JAMES M. Sherrick
 13. Birthplace: Pa. /
 (City, town, or county) (State or foreign country)

14. Maiden name: May Stone
 15. Birthplace: Danville, Va /
 (City, town, or county) (State or foreign country)

16. (a) Informant: Lizzie Sherrick
 (b) Address: Fulton, Mo.

17. (a) Burial (b) Date thereof: Sept. 21 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Fulton

18. (a) Signature of funeral director: Wm. Y. Marpin
 (b) Address: 700 East Fulton, Mo.

19. (a) 9-21-42 (b) Josie Moravickoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State: Mo (b) County: Callaway /
 (c) City or town: Fulton /
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 221 East 5th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1942 hour 7 minute 10 M.
 21. I hereby certify that I attended the deceased from Sept 20, 1942, to Sept 20, 1942, that I last saw him alive on Sept 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemia
 Due to: Pyocyanus Bacillus

Due to: _____
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature: Thomas Thomas D (M. D. or other)
 Address: Fulton Mo Date signed: 9/21/42

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

Glen Y. Maupin

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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.