

FILED DEC 10 1942
144

Registration District No. _____

Primary Registration District No. 5562

Registrar's No. 67

47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural: Arcadia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles West of Hogan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles West of Hogan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Adam Sherrill

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Rebecca Sherrill 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August 2 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 2 29
hr. min.

9. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Wesley Sherrill

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

14. Maiden name Martha Alcorn

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

16. (a) Informant Richard Sherrill

(b) Address Hogan Missouri

17. (a) burial (b) Date thereof 11-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address Chloride, Ironton Mo.

19. (a) 11-6-42 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

1098

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept. 1
1942 to Nov. 1st 1942
that I last saw him alive on Oct 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apertic
Regurgitation

Due to _____

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 G. M. Giddens (M. D. or other)
Address Centerville, Mo. Date signed 11/4/42

920

RECEIVED

District Health Officer No. 3
District File Number 1242-1464
Date Filed 12-8-42

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Ames J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Brooklyn.....

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.