

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20723**
Registrar's No. **96**

FILED JUL 9 1942

Registration District No. **70**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
424 N. Calhoun St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community Life _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Wanda Ruth Sherrow

3. (b) If veteran, name war. None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 6, 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>5</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business North American Aviation

12. Name Cecil Sherrow

13. Birthplace Douglas County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Durham

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

16. (a) Informant Mrs. Helen Durham

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pratt

(b) Address Mexico, Mo.

19. (a) 6/28/42 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain **4**

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

(d) Street No. 424 N. Calhoun St.
(If rural, give location) **2**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th
year 1943 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 21 1942, to June 28 1943; that I last saw her alive on June 8 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Congestion of R. Lung

Due to metastatic Sarcoma

Due to Primary Sarcoma of J. Jay. Previously Amputated at Ellen Fabel Hospital

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 John R. Owen (M. D. or other) **DO**
Address Mexico Mo. Date signed 6-29-42

JUL 12 1943

RECEIVED

District Health Officer No. 10

District File Number 7-43-1160

Date Filed JUL 7 1943

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*

Licensed Embalmer No. 3189.....

P.O. Address Mexico, 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.