

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4750
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED SEP 4 1943

 Registration District No. 128

 Primary Registration District No. 5229

1. PLACE OF DEATH:

 (a) County Hickory
 (b) City or town Wheatland - (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Wheatland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community all of life years, months or days

3. (a) PRINT FULL NAME

ENOS SHERMAN 21993. (b) If veteran, name war NO3. (c) Social Security No. NO4. Sex Male5. Color or race W6. (a) Single, widowed, married divorced Married6. (b) Name of husband or wife NANCEY 21996. (c) Age of husband or wife if alive 69 years7. Birth date of deceased 5 16 1868

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

7529

hr. _____ min.

9. Birthplace Hickory Co. Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation FARMER11. Industry or business same12. Name John Wesley 219913. Birthplace Ohio

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Dasher15. Birthplace Ireland

(City, town, or county)

(State or foreign country)

16. (a) Informant NANCEY 2199(b) Address Wheatland, Missouri17. (a) BURIAL (b) Date thereof 7-29-43

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Macedonia Cemetery18. (a) Signature of funeral director Gilbert Hathaway(b) Address Wheatland, Missouri19. (a) Aug 25-43 (b) Mary J. Clarkstrom

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month July day 25
 year 1943 hour 3 minute 15 P. M.

 21. I hereby certify that I attended the deceased from Jan - 20, 1943, to July - 25, 1943;
 that I last saw him alive on July 25, 1943;
 and that death occurred on the date and hour stated above.

 Immediate cause of death Myocarditis Duration 6 mos

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? _____

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

 23. Signature A. S. Johnston D (M. D. or other)
 Address Wheatland Mo Date signed 8-29-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8-43-861

Date Filed 9-2-43

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.