No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31881

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ hours 0
(Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 049

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

(d) Street No.: 820 Connor
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: James Farrell Sherwood

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: None

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

7. Birth date of deceased: September 28, 1943 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 30 min.

9. Birthplace: Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Hiram O. Sherwood
13. Birthplace: Joplin (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Beulah Cox
15. Birthplace: Spurgeon (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: H. O. Sherwood
(b) Address: 820 Connor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Baptist Cem.

18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin, Mo.

19. (a) 10-4-43 (Date received local registrar) (b) Gertrude Dudhoutter (Registrar's signature)

10-4-43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1943 hour 8:30P. M. minute M.

21. I hereby certify that I attended the deceased from 9-25-43, 19..., to 9-28-43, 19..., that I last saw him alive on 9-28-43, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia

Due to: Pneumonia

Due to:

Other conditions (Include pregnancy within 3 months of death): 159

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? (Specify type of place)

While at work? (c) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Joplin Date signed: 10-4-43

(Licensed Embalmer's Statement on Reverse Side)

43-9-831

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Perry K Hirlbird

Licensed Embalmer No. 959

P. O. Address Joplin 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.**