

S. No. 2
M-2-43
5-17-39
P-1 X35927

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5872**
Registrar's No. **892**

FILED MAR 11 1946

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution:
328 W - 12 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 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town JC Mo
(d) Street No. 328 W - 12 St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Sherrad
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 20
year 1946 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from 2-20, 1946 to 2-20, 1946
that I last saw him alive on 2-20-46, 19____
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louina 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 23 (Month) (Day) (Year) 1883

Immediate cause of death Coronary occlusion Duration _____
Due to Coronary thrombosis
Due to Myocarditis Chronic
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 62 Months X7 Days 27 If less than one day hr. _____ min. _____
9. Birthplace Louisville Kentucky (City, town, or county) (State or foreign country)

Major findings: 93d
Of operations _____
Of autopsy History
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Barber
11. Industry or business _____
12. Name no record
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name no record
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Louina Sherrad
(b) Address 701 W. 11 St
17. (a) Burial (b) Date thereof Feb 21-46
(c) Place: burial or cremation Poplar bluff mo
18. (a) Signature of funeral director Mrs C. J. Farber
(b) Address 918 Brooklyn ave
19. (a) 2-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury 2
23. Signature Harold W. With (M. D. or other) NO
Address 1114 Broadway Date signed 2-20-46

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

Home address
701 W-11th

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 E. H. Nier

Licensed Embalmer No. 2570

P. O. Address 110th

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.