

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 9135

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural - S. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos., 2 days
In this community 6 mos., 2 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Virginia (b) County Kanawha
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 226 Gardner Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Hobert EARY, Jr. #5284-F

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 13, 1922
(Month) (Day) (Year)

8. AGE: Years 24 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Ansted W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Sherman H. Eary
13. Birthplace UNK. W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Milan
15. Birthplace UNK. W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant File

(b) Address MCEP

17. (a) Removal (b) Date thereof March 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, West Virginia

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) 3-2-46 (b) W. W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1946 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 29, 1945 to March 1, 1946

that I last saw him alive on March 1, 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary active, bilateral, far advanced with cavitation

Duration 3 yrs.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature E. W. Moreland (M. D. or D. O.)

Address Medical Center for Fed. Pris Date signed 3-2-46

8062
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 46-3-36

Date Filed 3-23-46

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 Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

X