

No. 2  
2-43  
17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

13982

**FILED** APR 18 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 245

Primary Registration District No. 5837

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:  
ASF Regional Station Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Goodman, Missouri 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chester Sherwood, Jr.

3. (b) If veteran, name war -- ---

3. (c) Social Security No. -----

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Dec 12 1936  
(Month) (Day) (Year)

8. AGE: Years 9 Months 3 Days 5 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name Chester Sherwood 0

13. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Robinson

15. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Sherwood

(b) Address Goodman, Missouri

17. (a) Burial (b) Date thereof 3-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director /s/Chas W. Williams

(b) Address Goodman, Mo.

19. (a) Apr. 11, 1946 (b) William C. Roseman  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 17  
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 16 Mar 1946 to 17 March 1946  
that I last saw him alive on 17 March 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Contusion 1 day  
result of being struck by automobile 1 day  
16 March 1946.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 170%  
Of operations \_\_\_\_\_

Of autopsy none performed

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) Accident 73

(b) Date of occurrence 16 March 1946

(c) Where did injury occur? Camp Crowder Newton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
U. S. Highway 71

While at work? No (Specify type of place) (e) Means of injury Struck by car.

23. Signature Silver W. Cap (M.D. or other)

Address Camp Crowder Mo Date signed 3/17/46

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. \_\_\_\_\_  
District File Number 446-60  
Date Filed 4-17-46

**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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P.O. Address \_\_\_\_\_

**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.**