

FILED JUN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St Johns Hospital
(d) Length of stay: In hospital or institution one day
In this community life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jesse Columbus Sherwood

3. (b) If veteran, name war. 3. (c) Social Security No. 486-01-8743

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clarice Sophroni Sherwood 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 23 1899

8. AGE: Years 56 Months 10 Days 9

9. Birthplace UNKNOWN Missouri

10. Usual occupation Quarry Foreman

11. Industry or business Barnsdall Tripoli Corp.

12. Name Willis O. Sherwood

13. Birthplace UNKNOWN Missouri

14. Maiden name Martha Sooter

15. Birthplace UNKNOWN Arkansas

16. (a) Informant Mrs J C Sherwood

(b) Address Seneca Missouri

17. (a) Burial (b) Date thereof 3 17 1946

(c) Place: burial or cremation Seneca, MO @ W. Bernard

18. (a) Signature of funeral director SENECA FUNERAL CO

(b) Address Seneca Missouri

19. (a) 6-8-46 (b) Ed J. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1946 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from May 14 1946 to May 14 1946 that I last saw him alive on May 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion - Anginal Pectoris

Due to ...

Other conditions ...

Major findings: Of operations ... Of autopsy ...

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) (e) Means of injury ...

23. Signature J. B. K. Member (M. D. or other) Address Seneca MO Date signed 5-27-46

PHYSICIAN Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

46-5-441

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 *B. W. Buzzard*

Licensed Embalmer No. *2384*

P. O. Address *Seneca 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.