

No. 2
12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37173**
Registrar's No. **4606**

Registration District No. **149**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **3 Hours**
In this community **Several Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay** **24**
(c) City or town **North Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **805 East 22nd Street** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

3. (a) PRINT FULL NAME **Mr. John William Sherrill**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Pearl K. Sherrill** 6. (c) Age of husband or wife if alive **51** years
7. Birth date of deceased **May 28 1895**
(Month) (Day) (Year)

8. AGE: Years **51** Months **5** Days **3** If less than one day hr. min.

9. Birthplace **Harrison County Missouri**
(City, town, or county) (State or foreign country)
Foreman

10. Usual occupation **Foreman**

11. Industry or business **Main Post Office K.C. Mo.**

12. Name **William Sherrill**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Crabtree**

15. Birthplace **New Hampton New York** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl K. Sherrill**

(b) Address **805 East 22nd St. No. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 1, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **North Kansas City, Mo.**

18. (a) Signature of funeral director **D. W. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-1-46** **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **1**
year **1946** hour **9:30** minute **9** M.

21. I hereby certify that I attended the deceased from **-----** 19**-----** to **-----** 19**-----**;
that I last saw h. **-----** alive on **-----** 19**-----**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture**
Subarachnoid Hemorrhage
Due to **Peter's fracture Hemorrhage**
Fracture Tibia & Fibula Right
Due to **-----**

Other conditions **car. pedestrian**
(Include pregnancy within 3 months of death)

Major findings: **17.05.48**
Of operations **21**
Of autopsy **yes as above**

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

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **accident** **123**

(b) Date of occurrence **11-1-46**

(c) Where did injury occur? **100 Jackson Ave**
(City or town) (County) (State)

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

(Specify type of place) (e) Means of injury **Auto Train**

23. Signature **John C. Walker** (M. D. or other) **3**

Address **1424 Poplar St** Date signed **11-1-46**

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

MOTHER FATHER

DEC 11 1946

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.....

Bernard L. Horan

Licensed Embalmer No.....

4250

P. O. Address.....

4C 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.