

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 9 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16439

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

Registration District No. 27

Primary Registration District No. 300

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
315 West Dakota 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 31 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
(c) City or town Butler /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 West Dakota /  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harlan Bird SHERWOOD

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Maude Sherwood 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 3 1897  
(Month) (Day) (Year)

8. AGE: Years 49 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman  
Auto Parts

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

12. Name Elijah Sherwood

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

14. Maiden name Nancey J. Grey

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

16. (a) Informant Maude Sherwood

(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof 3-21-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Mo.

19. (a) 3-20-47 (b) Randall Perry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17  
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 10, 1942, to March 17, 1947,  
that I last saw him alive on March 17, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Primary Carcinoma

Due to (Bladder)

Other conditions (Include in diagnosis within 4 months of death)  
Bilateral Berger's

Major findings:  
Of operations Excision

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

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

23. Signature Chas. H. Luter (M. D. or other) M. D.

Address Butler, Missouri Date signed 3/21/47

RECEIVED  
District Health Officer No. 7,  
District File Number 5-47-628  
Date Filed 6-6-47

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.....

Samuel H. Book, Registered Apprentice No. 47F  
working under my personal supervision.

Signed John G. Hudson  
Licensed Embalmer No. 3585  
P. O. Address Butler Ave

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.