. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23782

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 15

1. PLACE OF DEATH:
(a) County CRAWFORD - BOONE
(b) City or town BOURBON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWN HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CRAWFORD
(c) City or town BOURBON
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES SHERRIFFS
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA PAUL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG (Month) 30 (Day) 1860 (Year)

8. AGE: Years 86 Months 10 Days 2 If less than one day hr. min.

9. Birthplace METHELICK SCOTLAND (City, town, or county) (State or foreign country)
10. Usual occupation ENGINEER
11. Industry or business BULDING
FATHER
12. Name UNKNOWN SHERRIFFS
13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY E. UNKNOWN
15. Birthplace SCOTLAND (City, town, or county) (State or foreign country)
16. (a) Informant Darwood Sherriffs
(b) Address Route 6 Springfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5-1947 (Month) (Day) (Year)
(c) Place burial or cremation St Louis Mt Lebanon Cemetery
18. (a) Signature of funeral director Shanklin Funeral Home
(b) Address Bourbon Mo
19. (a) 7-2-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from February 1, 1947, to July 1, 1947
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Carcinoma of Bladder	
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Ronald H Scott (M.D. or other) D.O.
Address Bourbon, Mo. Date signed 7/2/47

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1 1942

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 James R. Chapman, Registered Apprentice No. 2, working under my personal supervision.

Signed Paul A. Shankle

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.