

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED SEP 30 1947

Registration District No. **25**

Primary Registration District No. **4409**

Registrar's No. **59**

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

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Newburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Carroline West Sherrell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George W. Sherrell 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased November 25th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 9 hr. min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Mark West
13. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Holmes
15. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mark Sherrell

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof Setp. 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington, Missouri

18. (a) Signature of funeral director Smith-Hollow

(b) Address Rolla, Missouri

19. (a) 9-23-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Newburg
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th
year 1947 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 1947 to Sept 4, 1947
that I last saw him alive on _____, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral appoplexy
Essential Hypertension
Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration 10 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

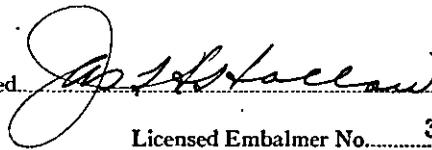
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Richard E. Myers (M. D. or other) _____
Address Newburg, Mo. Date signed Sept 5th

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. 3643

P. O. Address. Rolla, Missouri

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.