S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 715 S. Webster 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 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 715 S. Webster St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Malissa Jane Sherrow
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Sherrow
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January 25, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	10	hr. min.

9. Birthplace ..... Ind /
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Humphrey Wells 9
13. Birthplace Unknown /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown /
(City, town, or county) (State or foreign country)
16. (a) Informant Genn Sherrow
(b) Address Mexico, Mo.
17. (a) Burial (b) Date thereof Feb. 6, 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Unity Cemetery
18. (a) Signature of funeral director Earl E. Pruett
(b) Address Mexico, Mo.
19. (a) 2/6/48 (b) Blanche Neely 9
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1948 hour 12:10 minute P M.
21. I hereby certify that I attended the deceased from 1925 - 1948
..... 19.... to ..... 19....;
that I last saw her alive on Feb 2 - 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	
Due to Influenza	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

33 A

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 12
23. Signature H. H. Bowell DO. (M. D. or other)
Address Mexico Mo Date signed 2/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 2-48-26
FEB 10 1948
Date Filed

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 Clarence C. Robinson, Registered Apprentice No. 56, working under my personal supervision.

Signed Earl E. Pruett

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.