

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

113287

State File No.

FILED MAY 10 1948

Registration District No. 197

Primary Registration District No. 3040

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether)
In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Polk Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sherman Tecumsey Stanberry

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora McDaniels
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May 30 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 0 If less than one day . hr. min.

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

10. Usual occupation Retired Contractor

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O. S. Matje
(b) Address Sunflower, Kansas

17. (a) Burial (b) Date thereof 5-3-48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) May-3-48 (Date received by local registrar)
(b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 48 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from about March 1947 to April 30 1948; that I last saw him alive on April 30 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to
Due to

Other conditions Chronic myocarditis (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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Joseph F. Gale (M. D. or other) J.F.G.
Address Chillicothe, Mo Date signed 4-30-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *Estelle Rowman*.....

Licensed Embalmer No..... 4036.....

P. O. Address Chillicothe, 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.