

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 1 1948/49

Primary Registration District No. 1002

Registrar's No. 2085

1. PLACE OF DEATH:

(a) County... Jackson
 (b) City or town... Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution... St. Joseph Hospital
 (If not in hospital or institution, write street, number or location)
 (d) Length of stay: In hospital or institution... 9 Days (Specify whether
 In this community... 2 Years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson
 (c) City or town... Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 435 Norton (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

98
3
8
0

3. (a) PRINTED FULL NAME... William Scott SHERWOOD

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

4. Sex... Male 5. Color or race... White 6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Elizabeth Sherwood 6. (c) Age of husband or wife if alive... 73 years

7. Birth date of deceased... March 6 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 9 hr. min

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

10. Usual occupation... Retired Supervisor

11. Industry or business... Railway Express Co

12. Name... Stephen Sherwood

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

14. Maiden name... Emma Earnhart

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

16. (a) Informant... Mrs Elizabeth Sherwood

(b) Address... 435 Norton

17. (a) Burial (b) Date thereof... 5/18/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St. Mary's Cemetery

18. (a) Signature of funeral director... Frank Tobin

(b) Address... 20 West Linwood

19. (a) 5-17-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
 year 1948 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 1 1948 to May 15 1948
 that I last saw him alive on May 14 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Atherosclerosis

Due to... Coronary Atherosclerosis

Due to... Coronary Atherosclerosis

Other conditions... Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations... 940

Of autopsy.....

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

(g) 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

White of work?..... (e) Means of injury... Auto

23. Signature... W. H. ... (M. D. or other)
 Address... RC 2MO Date signed... 5-17-48

Duration

6 days

4

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Howard W. Farmer

Licensed Embalmer No.

4134

P. O. Address

Ke 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.