

No. 309
1-10-47
5-17-39
I 3906

Registration District No. 382

Primary Registration District No. 6115

1. PLACE OF DEATH:

(a) County SCOTT

(b) City or town CROWDER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
AT 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 20 YEARS years, months or days)

3: (a) PRINT FULL NAME WILLIAM SANFORD SHERRY

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 WIDOWED

6. (b) Name of husband or wife DORA ELLEN SHERRY

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST 7 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace MR LANESBURY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business " "

MOTHER, FATHER

12. Name JOHN SAERRY

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name EMILY PAGE

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant J R Sherry

(b) Address Crowder, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1948
(Month) (Day) (Year)

(c) Place: burial or cremation New Morley Morley, Mo

18. (a) Signature of funeral director Siplingoff Funeral Home

(b) Address Chaffee, Mo

19. (a) 8-17-48 (Date received local registrar) (b) Mrs. J. F. Sensus (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT

(c) City or town CROWDER
(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 AUGUST day 11TH
year 1948 hour _____ minute 15 A.M.

21. I hereby certify that I attended the deceased from 6-11-48
_____, 19____, to 8-9, 1948
that I last saw him alive on 6-11-48, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of lung

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 47%

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) (e) Means of injury: !

23. Signature E. S. Urban (M. D. or other) Med
Address Sikeston, Mo Date signed 8-12-48

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

RECEIVED

District Health No. 2,

District File Num. 848-1045

Date Filed 8-20-48

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 *Oliver C Amick*

Licensed Embalmer No. 4470

P. O. Address *Illmo, 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.