V.S. No. 200
REV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38918

REC'D DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5030

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 49 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3409 Campbell 3508

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): M.
c. (Last): Sherwood

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 52

5. SEX: M. 0

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: 12-24-1884

9. AGE (In years last birthday): 67
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. INSPECTOR

10b. KIND OF BUSINESS OR INDUSTRY: CENTRAL PACKING

11. BIRTHPLACE (City and State or Foreign Country): LITHUANIA 8

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN SHERWOOD

13b. MOTHER'S MAIDEN NAME: MARY – UNKNOWN

14. NAME OF HUSBAND OR WIFE: JOSEPHINE S. SHERWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 510-07-8953

17. INFORMANT'S SIGNATURE OR NAME: MRS. J. S. SHERWOOD
ADDRESS: 3409 CAMPBELL K.C.M

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus to brain

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis with
DUE TO (c) old myocardial infarction and mural thrombus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 8, 1952, *to* Nov. 15, 1952, *that I last saw the deceased alive on* Nov. 15, 1952, *and that death occurred at* 7:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns, M.D. (Degree or title)

23b. ADDRESS: 24th & Cherry

23c. DATE SIGNED: 11-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 11-18-52

24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary

24d. LOCATION (City, town, or county) (State): K.C. KANSAS

DATE REC'D BY LOCAL REG.: 11-17-52

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mellody-McGilley-Eylar-K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

22 Halma

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J H Pyne

Licensed Embalmer No. 5999

P. O. Address KC 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.