No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947
Registration District No. 3176

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25209
Primary Registration District No. 3059
Registrar's No. 263

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 N Division
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 316 N. Division
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ANN SHERMAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William P Sherman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Cuba (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired HOUSEWIFE
11. Industry or business
12. Name of father Samuel Robbins
13. Birthplace Cuba (City, town, or county) Missouri (State or foreign country)
14. Maiden name of mother Mary Ann Baker
15. Birthplace Cuba (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Rayford Sherrick
(b) Address 316 N Division Bonnedale Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St J Cemetery
18. (a) Signature of funeral director Berkley Funeral Home
(b) Address 313 Benham Bonne Terre Mo
19. (a) 8-9-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1947 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from April, 1947 to May 1st, 1947
that I last saw h alive on May 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 minutes
Due to Cardiac - arterial Disease	5 yrs.
Due to Appendicitis	10 da.
Other conditions None (Include pregnancy within 3 months of death)	
Major findings of operation None (Autopsy?)	
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? (Specify type of place) No
While at work? (e) Means of injury

23. Signature Dr. E. L. Walters (M. D. or other)
Address Farmington Mo Date signed 8-5-47.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 842-1048

Date Filed 8-12-47

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 Clarence J. Claywell

Licensed Embalmer No. 3206

P. O. Address Bourne View 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.