

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

Rev. 5-17-39
11 X1051

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7355

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 308 Swan
 (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

3. (a) PRINT-FULL NAME Emperence Jane Herrington
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color, or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife James Herrington
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 8, 1847
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>11</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Marshalltown Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name Nathaniel Lock
 { 13. Birthplace _____ Ohio
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Nancy Morgan
 { 15. Birthplace _____ Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Marie Rigsby
 (b) Address 308 Swan

17. (a) Burial (b) Date thereof 2/14/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Olivet Cemetery

18. (a) Signature of funeral director Crawford Smith
 (b) Address 902 Broadway Hannibal

19. (a) 2-6-40 (b) W. C. H. H. H.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 308 Swan
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2
 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from last several
months, 19 , to Feb 2, 1940;
 that I last saw h _____ alive on _____, 19 ;
 and that death occurred on the date and hour stated above.

Immediate cause of death senility and
nephritis
 Due to age

Due to senility
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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 A. L. Shank (M. D. or other) _____
 Address 708 Birch Hannibal Mo Date signed _____

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.....

Joseph J. Marsh

Licensed Embalmer No..... 6952

P. O. Address.....

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, above space should be left blank.