

DEC 12 1940

Registration District No. **339**

Primary Registration District No. **5479**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison  
 (b) City or town Bethany Rural  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20  
 In this community Many Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Orlando HERRICK Nally

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

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Summit (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3-20-1852  
 (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming & Stock Raising

12. Name William Nally

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

14. Maiden name Patsey Gillispie

15. Birthplace Do not know  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Will Nally

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof 7-22-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Church

18. (a) Signature of funeral director W. H. ...

(b) Address Bethany Mo

19. (a) Dec 24, 1940 (b) W. O. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison  
 (c) City or town Bethany Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. W. ...  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20  
 year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 13th, 1940 to Oct 20, 1940  
 that I last saw h/ alive on Oct 20th, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute and chronic Duration \_\_\_\_\_  
arteria

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature E. C. Stowers (M. D. or other) \_\_\_\_\_

Address Bethany Mo Date signed 11-29-40

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.

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**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..... *SM Hoas*.....

Licensed Embalmer No..... *1078*.....

P. O. Address..... *Bethany*.....

**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.**