

FILED JAN 8 1941

Registration District No. 296

Primary Registration District No. 4180

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Union
(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 _____ (Specify whether

In this community 20 years _____ (Specify whether3. (a) PRINT FULL NAME Henry Anton Herrmann

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Emma Herrmann 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased February 1st 1862
(Month) (Day) (Year)8. AGE: Years 78 Months 10 Days 1 If less than one day _____ hr. _____ min.9. Birthplace Villaridge Mo
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer11. Industry or business 612. Name Charles Herrmann13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Wilhelmina Goman15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Otto B. Herrmann(b) Address Union Mo RR #117. (a) Burial (b) Date thereof 12/4/1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Emaculation home18. (a) Signature of funeral director E. F. Ottmann(b) Address Union Mo19. (a) 12-4-40 (b) Louis T. Hauke
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1940 hour 1 minute P. M.21. I hereby certify that I attended the deceased from _____, 1935 to Dec 2, 1940that I last saw him alive on Nov. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

SenilityDue to _____ 97

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
HypertensionMajor findings: _____ PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

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? Y

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Lenny (M. D. or other) M. D.Address Union Mo Date signed 12.3.40

WHILE I REMAIN IN USE CONTAINING BLACK INK—MAKE A PERMANENT RECORD

I 11981

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.

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..... *E. H. Oltmann*

Licensed Embalmer No. *1686*

P. O. Address..... *Union 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, above space should be left blank.