No. 2
4-13-40
5-17-39
PI X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8294

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 314 E. North St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 314 E. North 2
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Anna R. Herndon

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee Herndon

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Saline County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Christian Science Reader

11. Industry or business

MOTHER FATHER

12. Name Irsham T. Railey

13. Birthplace Don't Know (City, town, or county) Kentucky (State or foreign country)

14. Maiden name Loretta Bailey

15. Birthplace Arrow Rock, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant W. T. Railey
(b) Address 2808 Tracy K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director J. Leslie Summey
(b) Address Marshall Mo.

19. (a) 2-19-41 (Date received local registrar) (b) Mary Kent Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 41 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 6, 1941, to Feb 18, 1941, that I last saw he alive on Feb 17, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis Liver	5yr
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) D
Address Marshall Mo. Date signed 2/19/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-13-41
Date Filed

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 J. Julie Sweeney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.