

APR 28 1941

Registration District No. 852

Primary Registration District No. 6120

Registrar's No.

1. PLACE OF DEATH

(a) County Sullivan
(b) City or town Milan
(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 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME

Hattie A. Cherry

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1941 hour 11 minute 20 p. M.

21. I hereby certify that I attended the deceased from _____
1941, to March 27, 1941
that I last saw her alive on March 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Coroner of liver

Duration

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 _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(c) 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 Wm. T. Baker (M. D. or other) _____

Address Milan Mo. Date signed 3/30/41

4. Sex Female 6. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Elbert C. Cherry 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased March 28, 1941
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Marthage, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name James Bowman

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

14. Maiden name Susan Wagner

15. Birthplace Va. (City, town, or county) (State or foreign country)

16. (a) Informant Addie Page

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof Mar. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milan Mo. Oakwood

18. (a) Signature of funeral director Schwensen

(b) Address Milan, Mo.

19. (a) Apr 9 (b) Cleo Hagan
(Date received by registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-41-841

Date Filed APR-14-1941

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 _____

Frank D. Schoene

Registered Apprentice No. _____

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2916

P. O. Address Milan, W.

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.