

FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 34632

Registration District No. 181

Primary Registration District No. 5251

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

1. PLACE OF DEATH:

(a) County Christian P.O. Dist.  
 (b) City or town Billinggs - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 6 1/2 yrs  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
 (c) City or town Rural  
 (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.

3. (a) PRINT FULL NAME Julius HERING

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

4. Sex male 5. Color or race white 6. (a) Single - widowed, married, divorced married  
 6. (b) Name of husband or wife Mathilda Hering 6. (c) Age of 72 years alive 21 years (Month) (Day) (Year)  
 7. Birth date of deceased May 21 1871

8. AGE: Years 70 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Belle Ville Ill. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Train Dealer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Conrad Hering  
 13. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown 9  
 15. Birthplace unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mathilda Hering  
 (b) Address Billinggs, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 10 19 1941  
 (Burial, cremation, \_\_\_\_\_) (Month) (Day) (Year)  
 (c) Place: burial or \_\_\_\_\_ Berman Carr

18. (a) Signature of funeral director A. S. Waller  
 (b) Address Billinggs, Mo.

19. (a) Oct. 19 - 41 (b) Mrs. Louise Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
 year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July 22, 1941, to Oct. 16, 1941;  
 that I last saw him alive on Oct. 16, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver  
 Due to Chronic nephritis

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Duration \_\_\_\_\_  
 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)  
 (e) Means of injury NI

23. Signature P. W. Marshall (M. D. or other) I.O.  
 Address Billinggs, Mo. Date signed 10/17/41

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

District Health Officer No. 6,

District File Number 1141-1685

Date Filed NOV 7 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 me

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

For Wallace Funeral Home

Signed \_\_\_\_\_

C. J. Lloyd

Licensed Embalmer No. 3527

P. O. Address Billings 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.**