

FILED FEB 18 1942

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. 7

## 1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette, Mo  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT Gladys Vivian Herring,  
FULL NAME3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_4. Sex Female / 5. Color or White  
race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased November 7th 1916  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
25 8 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation At home

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

12. Name C.H. Herring13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Myrtle Davis  
(City, town, or county) (State or foreign country)15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant C.H. Herring(b) Address Fayette, Mo17. (a) Burial (b) Date thereof 1-12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Columbia, MO.18. (a) Signature of funeral director Guy T. Halley(b) Address Fayette, Mo.19. (a) 1-12-42 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard(c) City or town Fayette  
(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 Jan day 10  
year 1942 hour 7 minute 30 a.M.21. I hereby certify that I attended the deceased from April 1 1940 to 1-10 1942  
that I last saw her alive on 1-10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary Tuberculosis approx 14 yrs.

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

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

Other conditions  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_ Underlies 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature U.L. Coffman (M. D. or other) MD.Address Fayette Mo Date signed 1-2-42

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 2-16-42

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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

Guy T. Hallen

Licensed Embalmer No. 2966

P. O. Address Jayette 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.