

FILED JUL 13 1942

Registration District No. 3-2852

Primary Registration District No. 5-462

Registrar's No. ....

1. PLACE OF DEATH:  
 (a) County. DAYLESS  
 (b) City or town. LINCOLN TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Brunson Rural Lincoln Twp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1  
(Specify whether)  
 In this community. 81 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. Missouri (b) County. Douglas 31  
 (c) City or town. Minersville 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country. —

3. (a) PRINT FULL NAME JOHN WILLIS HERRIN  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 16  
 year 1942 hour 3:25 minute A M.

4. Sex. MALE 5. Color or race. WHITE  
 6. (a) Single, widowed, married, divorced. WIDOWED  
 6. (b) Name of husband or wife. HILKA ROSETTA  
 6. (c) Age of husband or wife if alive. DECEASED years  
 7. Birth date of deceased. AUGUST 27 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14th 1942 to June 16th 1942  
 that I last saw him alive on June 15th 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 9 Days 18  
 If less than one day hr. min.  
 9. Birthplace. HARRISON COUNTY MO  
(City, town, or county) (State or foreign country)

Immediate cause of death. Senescent Burns of Body  
Clothing Caught on fire while building a fire  
 Due to clothing caught on fire while building a fire  
 Due to a fire  
 Other conditions. (Include pregnancy within 3 months of death)  
 Major findings: Of operations. 18-1-1  
 Of autopsy. 15

10. Usual occupation. FARMER  
 11. Industry or business. FARM  
 12. Name. THOMAS HERRIN  
 13. Birthplace. INDIANA  
(City, town, or county) (State or foreign country)  
 14. Maiden name. MARGARET WEST  
 15. Birthplace. INDIANA  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident - fire  
 (b) Date of occurrence June 14th - 1942 1031  
 (c) Where did injury occur? Douglas, Mo  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
 While at work? no (Specify type of place)  
 (e) Means of injury Fire

16. (a) Informant. Richard B. Herrin  
 (b) Address. Wagon, Mo  
 17. (a) BURIAL (b) Date thereof JUNE 19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation. MITCHELL CEMETERY  
 18. (a) Signature of funeral director. Samuel J. Herrin  
 (b) Address. Denton, Mo.  
 19. (a) June 17, 1942 Nada W. Hoffmann  
(Date received local registrar) (Registrar's signature)

23. Signature. Oliver P. Duffey (M. P. or other) MD  
 Address. Denton, Mo. Day signed June 16th 1942

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

100

MOTHER FATHER

1044

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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.....  
*Myself*..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.