

JAN 14 1943
Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 283

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

1. PLACE OF DEATH:

(a) County MONROE Marion

(b) City or town HANNIBAL HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST ELIZABETH HOSPT.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

(c) City or town PARIS 20
(If outside city or town limits, write "RURAL.")

(d) Street No. 50 WASHINGTON
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ✓

3. (a) PRINT FULL NAME ANNIE ELIZA HERNDON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife SAMUEL T. HERNDON 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JUNE 15, 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 28 If less than one day hr. min.

9. Birthplace MONROE Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name SILAS TANNER

13. Birthplace N. K. MO.
(City, town, or county) (State or foreign country)

14. Maiden name SALLY COOPERIDER

15. Birthplace MONROE Co., MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. B. K...
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof NOV. 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed on Blakey
(b) Address PARIS, MO.

19. (a) 11-16-42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1942 hour 10:00 P.M. minute ✓ M.

21. I hereby certify that I attended the deceased from Oct 18-42 to Nov 13, 1942
that I last saw her alive on Nov 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous meningitis

Due to 14

Other conditions Progressive
(Include pregnancy within 3 months of death)

Major findings: Discholesteria
Of operations Thyroiditis

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) (b) Means of injury

23. Signature [Signature] (M. D. or other) Address [Address] signed

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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

W. B. Blakey

Licensed Embalmer No. *2616*

P. O. Address *Louis 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.