

FILED FEB 20 1943

State File No. _____

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
532 W. HAYES
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 DAYS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laclede
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 532 W. HAYES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1943 hour 12 minute 15 AM.
21. I hereby certify that I attended the deceased from 1/6
1943 to 1/6 1943;
that I last saw him alive on 1-5 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Refluxed gastric ulcer
Duration _____

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

Major findings: _____
Of operations 1170
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 _____
(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?
_____ (Specify type of place) (e) Means of injury _____

While at work? _____
23. Signature J. M. Cowley (M.D. or other)
Address Lebanon Mo Date signed 1/6/43

3. (a) PRINT FULL NAME MARION V. HERRINGTON

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

4. Sex M 5. Color or face W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 25 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 11 hr. min.

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

10. Usual occupation _____

11. Industry or business LABORER HERRINGTON

12. Name Gallant HARRINGTON
13. Birthplace unk known 9
(City, town, or county) (State or foreign country)

14. Maiden name A. P. Cole BASSETT
15. Birthplace Cole Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Jones
(b) Address Lebanon Mo R#4

17. (a) Burial (b) Date thereof 1-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Mo.

18. (a) Signature of funeral director P. Palmer
(b) Address Lebanon Mo.

19. (a) 1-8-43 (b) Peace Pope
(Date received local registrar) (Registrar's signature)

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

2

DEC 1 1943

RECEIVED

District Health Officer No. 170
District File Number ~~717~~ 201
Date Filed 2-9-43

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 *Allyn Dethage*
Licensed Embalmer No. 4333
P. O. Address *Lebanon 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.