

38689

State File No. \_\_\_\_\_

Registrar's No. 353

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 20 9 1943

Registration District No. 209

Primary Registration District No. 3043

No. 2  
-2-43  
-17-39  
X35697

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1500 Bird /  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Thomas Jefferson Herring

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Addie Morgan

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 7, 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>11</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Sunnyside, Ralls County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Retired

12. Name George Herring

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wright

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marjorie Herring

(b) Address 1500 Bird Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Wm. M. Smith

(b) Address 902 Broadway Hannibal

19. (a) 11/24/43 (Date received by local registrar) (b) W. Connors (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 Bird  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23  
year 1943 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from 1940  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 1943  
that I last saw h im alive on 11-21-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
\_\_\_\_\_ Duration several  
\_\_\_\_\_ al \_\_\_\_\_ years

Due to Mal-nutrition

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

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

Major findings: 93d  
Of operations \_\_\_\_\_

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?  
\_\_\_\_\_

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

23. Signature J. B. Chilton (M.D. or other) (M.D.)  
Address 500 Broadway, Hannibal Date signed 11-24

1146

DEC 9 1943

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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.....  
George T. Bond, Registered Apprentice No. 350  
working under my personal supervision.

Signed.....

*Wm M Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

**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.**