

FILED APR 13 1944

State File No. _____

Registrar's No. 27

Registration District No. 25

Primary Registration District No. 5920

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Union
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36-8-24
In this community _____
years, months or days

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

3. (a) PRINT FULL NAME Edna F. Herring
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22
year 1944 hour 11 minute 25 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Herring 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 29 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 27, 1944, to March 22, 1944
that I last saw him alive on March 22nd, 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>8</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Uremia
Due to Nephritis
Due to Severe Burns of legs
Other conditions (Include pregnancy within 3 months of death) _____

Duration
1 wk.
3 weeks
2 months

9. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife

PHYSICIAN
Major findings: 181-1
Of operations: 115
Of autopsy: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Gustave Heimbaecker
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Hemmann
15. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Herring
(b) Address Uniontown Mo.
17. (a) Burial (b) Date thereof 3-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Uniontown, Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 3-24-44 (b) John G. Elder
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence January 3rd 1944
(c) Where did injury occur? Uniontown Perry 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? Yes (Specify type of place) (c) Means of injury scalding
23. Signature Theodore Fischer (M. D. or other) M.D.
Address Altamberg, Mo. Date signed 3-23-44

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

79
0
1

DEC 27 1945

APR 26 1946

RECEIVED

District Health Officer No. 4
District File Number 444-369
Date Filed 4-11-44

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 Wallace Garing

Licensed Embalmer No. 4027

P. O. Address Perryville 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.