

FILED APR 14 1944

Registration District No. 336

Primary Registration District No. 4494

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Winona, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9 Years  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community No years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town Winona, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Sam Herren

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Caroline Herren 6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased Dec. 11th 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Samuel Herren  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Not Known  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. O. Herren  
(b) Address St Louis, Mo

17. (a) Burial (b) Date thereof 3/19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winona, Mo

18. (a) Signature of funeral director John J. Amear

(b) Address Mountain view, Mo

19. (a) 2-31-44 (b) Frank Hyde M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1944 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from March 1, 1943  
March 18, 1944, to March 18, 1944;  
that I last saw him alive on March 18, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Due to My oculitis  
Due to Arterio Sclerosis

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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 H. J. Ballin (M. D. or other) \_\_\_\_\_  
Address 20 Winona, Mo Date signed \_\_\_\_\_

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

744

RECEIVED

District Health Officer No. 5  
District File Number 444259  
Date Filed 7-13-44

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.

Not Embalmed

Signed.....

*John J. Amman*  
Licensed Embalmer No. 2516

P. O. Address *Mt. Vernon 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.