

FILED NOV 20 1944

Registration District No. _____ Primary Registration District No. 5645

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Aurora Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Aurora-Mo.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary E 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 Oscar Herndon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 9 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 2 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Mayberry Sullers
13. Birthplace ? Tenn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Emma Gibson
15. Birthplace ? Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ershel Herndon
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) 8-12-44 (b) Emmie Greenleaf
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon Aug. day 11
year 1944 hour 5 minute 45 A M.

21. I hereby certify that I attended the deceased from after death 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 95° 4

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? _____

(Specify type of poison) _____
While at work? _____ (e) Means of injury _____

23. Signature Howe W. ...
Address Pierce City Mo. Date signed 8/11/44

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

RECEIVED

District Health Officer No: 8,

District File Number 1144-1145-

Date Filled NOV 14 1944

W. H. Smith

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.....

Herman Purridge

Licensed Embalmer No.....

3072

P. O. Address.....

Aurora 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.