. S. No. 2
00M—5-43
ev. 5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30983

FILED SEP 20 1945

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 245

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: Fifth Street Baptist Church 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 818 Vermont 4
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Walker E.F.Herrin
3. (b) If veteran, name war ____
3. (c) Social Security No. 490-07-7353
4. Sex: Male 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Helen Fassett Herrin
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: May 3, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	23	____ hr. ____ min.

9. Birthplace: Marion County Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Rubber Plant, Retired
11. Industry or business ____
FATHER 12. Name: William Herrin
FATHER 13. Birthplace: Macon County Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Annie Fields
MOTHER 15. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Walker Herrin
(b) Address: 818 Vermont Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olivet
18. (a) Signature of funeral director: Wm M Lynch
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 8/27/45 (Date received local registrar) (b) Dr C. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1945 hour 10 minute 20 A. M.
21. I hereby certify that I attended the deceased from June 10, 1945, to Aug 23, 1945; that I last saw him alive on Aug 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular disease of Heart	Duration
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: W P Kinney (M. D. or other) MD
Address: Hannibal Mo Date signed: 8-27-45

(Licensed Embalmer's Statement on Reverse Side)

1394

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

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 C. L. Freland

Licensed Embalmer No. 1399

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.