

FILED JAN 26 95 1946

Primary Registration District No. 3043

Registrar's No. 375

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: Leveaux Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Le May
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matthew Herrmann

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. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Denkange Witterburg, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Farming

MOTHER, FATHER { 12. Name Christopher Herrmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Werner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna Miller

(b) Address 1704 Chestnut, Hannibal, Mo.

17. (a) Burial (b) Date thereof Dec. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 12-15-45 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1945 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-24, 1945, to 12-10, 1945
that I last saw him live on 12-9-45, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis cerebral Duration 2 years

Due to Senility

Due to 11

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 0

23. Signature J. H. Ardelt (M. D. or other)

Address Hannibal, Mo. Date signed 12-13-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal, 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.