No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2857

FILED JAN 31 1946

Registration District No. 1

Primary Registration District No. 3023

Registrar's No. 259

1. PLACE OF DEATH:
(a) County Henry County
(b) City or town Clinton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(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 ——— (Specify whether
In this community 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall /
(If outside city or town limits, write "RURAL")
(d) Street No. 746 East Eastwood 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME Amy Lee Hershberger
3. (b) If veteran, name war ———
3. (c) Social Security No. ———

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Edward Hershberger
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased June (Month) 13 (Day) 1868 (Year)

8. AGE: Years 77 | Months 6 | Days 13 | If less than one day ——— hr. ——— min.

9. Birthplace Princeton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business ———

MOTHER
12. Name John C. Casteel
13. Birthplace Laurel Co. (City, town, or county) Kentucky (State or foreign country)

FATHER
14. Maiden name Mary Catherine Cain Casteel
15. Birthplace Harrison Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Fred E. Wilkinson
(b) Address 301 N. Third St., Clinton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Missouri
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 12-28-45 (Date received local registrar) (b) B. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1945 hour ——— minute ——— M.

21. I hereby certify that I attended the deceased from Dec 26, 1945 to Dec 26, 1945
that I last saw her alive on Dec 26, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	21 hrs
Due to: Undetermined	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	chronic

Major findings:
Of operations None
Of autopsy None

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 S. D. Hughes, M.D. (M. D. or other)
Address Clinton Mo Date signed 12-28-45

10 W (Licensed Embalmer's Statement on Reverse Side)

12-45: 1350
1-15--46

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.