

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hosp
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 1 day, 4 hrs.
(Specify whether years, months or days)
 In this community 2 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scott 100
 (c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
 (d) Street No. 514 Fletcher 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME # OLA HESTER HERRING
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Female Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Clyde
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased: Dec 4 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 17
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name John H. Bruner

13. Birthplace Shawneetown Ill
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Luinda Egge

15. Birthplace Shawneetown Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Herring

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 2/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Memorial Park

18. (c) Signature of funeral director Weld Funeral Home

(b) Address Sikeston Mo

19. (a) 2-27-1946 (b) C.C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

23. **DATE OF DEATH:** Month Feb day 21
 year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1945 to Feb. 21 1946.
 that I last saw her alive on Feb. 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Surgery Duration 18 hours
2 hrs.

Due to Multiple Fibrosarcoma uterus several months
Carcinoma Uterus 11

Other conditions 488
(Include pregnancy within 3 months of death)

Major findings: multiple Fibroids uterus
Of operations Cystic degeneration & Carcinoma extending
Of autopsy up above umbilicus.
not done

PHYSICIAN

 Underline 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? _____ (c) Means of injury _____

23. Signature Frank Hall (S. D. of other) 0

Address Cape Girardeau, Mo Date signed 2-25-46

RECEIVED

District Health Officer No. 4
District File Number 346-1804
Date Filed 3-6-46

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.....

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.