

FILED JUN 14 1946

Registration District No. 178

Primary Registration District No. 5659

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town RURAL Canton
(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 1 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARAKA HERREN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harm Herren 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased Febr. 20, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 3 7 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name John Meints

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name.....

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

16. (a) Informant John Herren

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof May 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Golden, Illinois

18. (a) Signature of funeral director Sam A. Buckley

(b) Address Canton, Mo.

19. (a) 5-28-46 (b) P.W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 25, 1945 to May 26, 1946
that I last saw her alive on May 26, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death cardiac decompensation Duration

Due to chronic valvular conditions of heart - arteriosclerosis and senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... 97

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Sam A. Buckley (M. D. or other) DO
Address Canton, Mo. Date signed 5/28/46

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

16120

RECEIVED

District Health Officer No. 1

District File Number 6-46-116

Date Filed JUN 7 3 1946

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

Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.