S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25938

FILED AUG 1 1946

Registration District No. 3033

Primary Registration District No. 3074

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 315 Harris St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 4 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100 5

(c) City or town Sikeston 2 (If outside city or town limits, write "RURAL")

(d) Street No. 315 Harris St 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME WILLIAM DAVID HERRING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Christenna

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 1 1870 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace [redacted] Livingston Co, Ky 1 (City, town, or county) (State or foreign country)

10. Usual occupation ret. Farmer

11. Industry or business

FATHER
12. Name William Herring
13. Birthplace Ky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name D.K. 9
15. Birthplace ..... (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vance Montgomery
(b) Address Sikeston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) 7-27-46 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 15, 1946, to July 9, 1946; that I last saw him alive on July 9, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: 1. Acute Dilatation Stomach 2. Rigid Ventricular Failure	
Due to Carcinoma of Prostate 3. Metastasis	4 years
Due to	
Other conditions Arteriosclerosis, generalized (Include pregnancy within 3 months of death) Osteosarcoma	15 yrs

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 C. O. Martin MD (M. D. or other)
Address Sikeston, Mo Date signed 16 July '46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 746-916
Date Filed 7-31-46

OCT 26 1950

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 Raymond Crews

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.