

Registration District No. 257

Primary Registration District No. 5880

Registrar's No. 31082

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Linn (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 66 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
 (c) City or town Linn (Rural) 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Catherine Ellen Herndon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife Claude F. Herndon 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased August 21st, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>-</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Loose Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Houswife

11. Industry or business _____

12. Name Michael Cushin

13. Birthplace Kirkwood, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Flanagan

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

16. (a) Informant Arthur Herndon

(b) Address Linn, Missouri

17. (a) Burial (b) Date thereof 9/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 255, Linn, Mo.

19. (a) Sep. 20-1946 (b) Pa Dubrionnet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th,
 year 1946 hour 9 minute 15 p.m.

21. I hereby certify that I attended the deceased from 9-22-46
9-14-46 19____ to _____ 19____

that I last saw her alive on 9-14- 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Rubber Pneumonia at Sella

Due to Rheumatic heart disease

Due to Conc 7 Cervic

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

Major findings:

Of operations _____

Of autopsy _____

Duration _____

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? m
(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 W. V. McKenly (M. D. or other) _____
 Address _____ Date signed 9-18-46

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

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RECEIVED
District Health Officer No. 9,
District File Number 9-46-174
Date Filed 9-23-46

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

Vernon M. Morley

Licensed Embalmer No. 4125

P.O. Address Penn

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.