

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME John North Herrell

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased August 9th 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 | 3 | 4 | _____ hr. _____ min.

9. Birthplace Bates County - Spruce Twp. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Herrell

13. Birthplace Bates Ga. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Baucher

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

16. (a) Informant M. G. Herrell

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 11-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnstown Cemetery

18. (a) Signature of funeral director Culver Underwood

(b) Address N. Main St.

19. (a) 11-14-1946 (b) Handell Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural #2 - Ulrich - Mingo
(If outside city or town limits, write "RURAL")
(d) Street No. Ballard
(If rural, give location)
(e) Citizen of foreign country? Mingo (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th
year 1946 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 12 1946 to Nov. 13 1946
that I last saw him alive on Nov. 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo-pneumonia

Due to Exposure to cold weather

Due to Right Hemiplegia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 107

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) (c) Means of injury _____

23. Signature Carter W. Luter (M. D. or other) MD
Address Butler, Mo Date signed 11/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2-1-54
11-2-303
RECEIVED

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 John H Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.