

FILED JAN 20 1947

Registration District No. 354

Primary Registration District No. 6214

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Clear Creek Twp. Rural
(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 _____ (Specify whether _____)

In this community about 25 years
years, months or days

3. (a) PRINT FULL NAME Emma Florence 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 married

6. (b) Name of husband or wife George Washington Herndon 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 6 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------------|
| | <u>82</u> | <u>10</u> | <u>1</u> | <u>-</u> hr. <u>-</u> min. |

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Joseph Wood

13. Birthplace _____ (City, town, or county) Indiana (State or foreign country)

14. Maiden name do not know

15. Birthplace do not know _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address Lydia Tschanz, Harwood, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Lute Lewis & Son

(b) Address Richards City, Mo.

19. (a) Jan 9, 1947 (Date received local registrar) (b) Mrs Ednah E Gray (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Harwood, Rural (If outside city or town limits, write "RURAL")

(d) Street No. Clear Creek Twp. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1947 hour six minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 30 1946 to Jan. 7, 1947; that I last saw her alive on Jan. 4, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 2 yrs.

Due to _____

Due to 46 B

Other conditions Chronic nephritis 5 yrs. (Include pregnancy within 3 months of death)

Major findings: Of operations none performed

Of autopsy none performed

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 2

23. Signature M. D. Berke (M. D. or other P.D.)

Address Rockville, Mo. Date signed 1/8/47

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

08
09

LA-71-1
2422-7A-21

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..... *Marion M. Lewis*

Licensed Embalmer No..... *3084*

P. O. Address.....

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.