S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33902

Registration District No. 56 — Primary Registration District No. 5195 — Registrar's No. 11

1. PLACE OF DEATH:

(a) County Carroll. (Rural)
(b) City or town Norborne. Mo. Prarie.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Norborne Mo. RR. I. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life Time.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Norborne, R. R. #1 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Mrs Lucy B. Herriman.

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

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

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1869 (Year)

8. AGE: Years 78 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Chillicothe. Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Work.

11. Industry or business

FATHER
12. Name Bennidick Diglerman. 4
13. Birthplace Freldo Germany.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherline. Giegel
15. Birthplace Freldo Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Herriman
(b) Address Norborne Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery.

18. (a) Signature of funeral director John Dutch
(b) Address Norborne. Missouri.

19. (a) Oct 21-1947 (Date received local registrar) (b) Eileen Penniston (Registrar's signature) 1/2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 A.
year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1947, to Oct. 20, 1947
that I last saw her alive on Oct. 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 wks.
Poison
Due to Age break down
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 132

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. Hamilton Staton (M. D. or other) MD
Address Carrollton, Mo. Date signed Oct. 20 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-30-47

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 Me.
, Registered Apprentice No.
working under my personal supervision.

Signed John G Dietch
Licensed Embalmer No. 3654
P. O. Address Norborne 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.