S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5662

Registration District No. 265 — Primary Registration District No. 6292 — Registrar's No. 3

77
0
0

1. PLACE OF DEATH:
(a) County: Ozark
(b) City or town: Hammond, Rural, Thornfield.
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ozark 77
(c) City or town: Hammond, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Lydia Ann Heriford
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December 22, 1928 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19	1	9	..... hr. ..... min.

9. Birthplace: Hammond, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Schoolgirl
11. Industry or business .....

FATHER
12. Name: Roy Herifordd
13. Birthplace: Prinston, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Nellie Piland
15. Birthplace: Noble, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Roy Heriford
(b) Address: Hammond, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Thornfield, Missouri
18. (a) Signature of funeral director: Clinkingbeard Funeral
(b) Address: Ava, Missouri
19. (a) 2-13-48 (Date received local registrar) (b) May Johnson (Registrar's signature) 245

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 1 year: 1948 hour: 12 minute: P M.
21. I hereby certify that I attended the deceased from 4-7, 1946 to 2-1-1948, that I last saw her alive on 2-1-1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxemia	
Due to: Ca of Vertebra	3 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertension & anemia	
Major findings: Of operations: 5 B	
Of autopsy: 0	

PHYSICIAN — Underline the cause of 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) Home
While at work? ..... (e) Means of injury: 0
23. Signature: M C Hunter (M. D. or other?)
Address: Ava Mo Date signed: 2-7-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Lutchman

Licensed Embalmer No. 3431

P. O. Address Ora

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.