No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

8145

State File No.

FILED APR 3 1948

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. 56

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Brunswick
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton 21
(c) City or town Brunswick
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY LEE HERRING
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 24 (Day) 1857 (Year)

8. AGE: Years 90 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Mendon (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housework
FATHER
12. Name Richard T. Dempsey
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Judith Wheeler
15. Birthplace Prince Edward Co. Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Walter Harrison
(b) Address Fulton, Missouei
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Brunswick Missouri
18. (a) Signature of funeral director L. W. Moeisel
(b) Address Brunswick, Missouri
19. (a) 3-10-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1948 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from January 8, 1947, to March 8, 1948, that I last saw her alive on March 8, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Senility | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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)
While at work? (e) Means of injury
23. Signature D. D. Stuart, M.D. (M.D. or other)
Address Brunswick, Mo. Date signed 3/10/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-2-48

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 L. W. Beisel

Licensed Embalmer No. 823

P. O. Address Brunswick

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.