

S. No. 2
M-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13654**
13875
Registrar's No. **6**

FILED MAY 1 1948
Registration District No. **280**

Primary Registration District No. **4419**

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

1. PLACE OF DEATH:
Platte
(a) County
(b) City or town **Dearborn**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dearborn, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **7mo 22days**
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Lillian Mary Hershley**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **X 0**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **August 27 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 22 hr. min.

9. Birthplace **Dearborn** **MO 6**
(City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business
12. Name **George S. Hershley**
13. Birthplace **Owatonna, Minn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Erma Jane Embry**
15. Birthplace **Washington, Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Erma Jane Hershley**
(b) Address **Dearborn, Missouri**
17. (a) **Burial** (b) Date thereof **4 20 '48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Dearborn, Missouri**

18. (a) Signature of funeral director **Vaughan Funeral Home**
(b) Address **Wesston Mo.**
19. (a) **4-23-48** (b) **Ophia Ralston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri **Platte** **83**
(a) State (b) County
(c) City or town **Dearborn, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **HO**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1948** hour **10:00** minute _____ A.M.
21. I hereby certify that I attended the deceased from **April 17**
19**48** to **April 18** 19**48**
that I last saw her alive on **April 18** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Pnen**
mona Pneumonia
Intestinal flu
Duration **2 days**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **230**
Of autopsy _____
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) **No**
(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) (e) Means of injury _____
23. Signature **W H Moore** (M.D. or other) **0**
Address **Dearborn Mo** Date signed **4-19-48**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-29-48

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 W. R. Vaughn

Licensed Embalmer No. 2023

P. O. Address Weston, 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.