

FILED JUL 15 1948

Registration District No. 169

Primary Registration District No. 4255

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(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 Life _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Edina
(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 John C. Herr

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Bernadette McGinnis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 6 - 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Resturant. Retired 8 yrs.

11. Industry or business _____

12. Name Fred Herr
13. Birthplace Dunbar Penn.
14. Maiden name Elizabeth Devany
15. Birthplace Dunbar Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack H. Herr
(b) Address Edina, Mo.
17. (a) Burial (b) Date thereof July-5-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Catholic Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.

19. (a) July-8-48 (b) Nella S. Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 7 AM minute _____

21. I hereby certify that I attended the deceased from March 1947 to July 3 1948
that I last saw him alive on July 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia & edema

Due to Cirrhosis of liver 2 yrs.

Due to _____
Other conditions 1948
(Include pregnancy within 3 months of death)

Major findings: Cirrhosis of liver
Of operations 2 yrs ago
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) _____
(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)
Means of injury 2
23. Signature Keith Hudson (M. D. or other) all
Address Edina, Mo Date signed 7-3-48

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

MOTHER FATHER

JUL 2 - 1946

RECEIVED

District Health Officer No. 10

District File Number 7-22-133

District Filed -- JUL-13-1946

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.....

Keith Hudson

Licensed Embalmer No.....

2415

P. O. Address.....

Edina, 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.