

FILED JUL 21 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22368

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 208

1. PLACE OF DEATH:

(a) County... Callaway
(b) City or town... Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
704 Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... Life (Specify whether years, months or days)
In this community... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Lydia 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 Widowed

6. (b) Name of husband or wife William Thomas Herring 6. (c) Age of husband or wife if alive... years _____

7. Birth date of deceased... September 15, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 25 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name E.O. Meloy
13. Birthplace DK Penn. (City, town, or county) (State or foreign country)

14. Maiden name POLLY Mirts (City, town, or county) (State or foreign country)

15. Birthplace DK Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Tommy Herring (b) Address Fulton, Missouri

17. (a) Burial (b) Date thereof 7/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director... (b) Address 712 Court St., Fulton, Mo

19. (a) 7-12-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Callaway
(c) City or town... Fulton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 704 Grand (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 1948 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-11-48 to 7-30-48, 1948, that I last saw him alive on 7-30-48, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral (3rd) Hemorrhage Duration _____

Due to Atherosclerosis with Hypertension

Due to Chronic Ezema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] Of autopsy [Signature]

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? (2) Means of injury _____

23. Signature [Signature] (M. D.) Address R # 6 Fulton Date signed 7/17-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 20 1948

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.....

Theodore Skinner, Jr. Registered Apprentice No. *255*
working under my personal supervision.

Signed *J. J. Ranson*
Licensed Embalmer No. *2555*
P. O. Address *Fullton*

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.