

FILED AUG 6 1948

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Green
(b) City or town Republic
(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 17 yrs.
years, months or days

3. (a) PRINT FULL NAME Mary (mai) HERRON
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Si HERRON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 11 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife Retired

11. Industry or business _____

12. Name John Wells Turner

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Odor

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

16. (a) Informant Mother Louie

(b) Address Waka Road

17. (a) Burial (b) Date thereof 7-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckhart

18. (a) Signature of funeral director R. E. Thurman Co.

(b) Address Republic Mo.

19. (a) 7-28-48 (b) Elaine Brittain
(Date received local registrar) (Registrar's signature) 105

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green 39
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1943
~~July 1948~~ to July 27, 1948;
that I last saw her alive on July 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Chronic myocarditis 5 years

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93D
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 _____

23. Signature D. B. Mitchell (or other) _____
Address Republic Mo. Date signed 7-27-48

RECEIVED

Greene County Health Office,

County File Number. 48-8-53

Date Filed 8-5-46

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.....

John McHobb....., Registered Apprentice No. 85
working under my personal supervision.

Signed... R. E. Pearson.....

Licensed Embalmer No. 1503

P. O. Address Republic 46

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.