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7-39  
X36671

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

Registration District No. 47

Primary Registration District No. 3008

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:  
514 a. Court St. 1  
(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  
years, months or days

3. (a) PRINT FULL NAME

Seth J. Herring

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Murtie 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Age 18 1879  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Painter and Paper Hanger

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Geo. W. Herring

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

14. Maiden name Joe Allen

15. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Murtie Herring

(b) Address 514 a. Court St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 7 W. 6<sup>th</sup> St. Fulton, Mo.

19. (a) Nov. 12 1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 514 a. Court Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10<sup>th</sup>  
year 1948 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 9 1948 to Nov. 10 1948  
that I last saw him alive on Nov 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation Duration 5 mo.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Coronary Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 92 B  
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) (e) Means of injury 0

23. Signature H. J. Owen (M. D. or other) \_\_\_\_\_  
Address Fulton Mo. Date signed 11-10-48

RECEIVED  
DISTRICT HEALTH OFFICER, OFFICE No. 9,  
DISTRICT No. 19 NOV 19 1948  
Date Filed

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 Denzil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton, 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.