No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37150

Registration District No. 163 — Primary Registration District No. 3031 — Registrar's No. 77

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town De Soto (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 218 E. Roberts Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 78 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson 50
(c) City or town De Soto (If outside city or town limits, write "RURAL") 2
(d) Street No. 218 E. Roberts, Ave (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Sarah Elizabeth Herrington.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Oct. (Month) 26th (Day) 1869 (Year)

8. AGE: Years 79 | Months 0 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Washington, Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business At Home.
FATHER
12. Name Jeremiah Norris.
13. Birthplace Not Known (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name Lea Rena Marsiah.
15. Birthplace Washington, Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Jessie Zenser
(b) Address De Soto, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-'48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ City cemetery.
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto Mo
19. (a) 11/24/48 (Date received local registrar) (b) Marie Farris (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th year 1948 hour 6 minute 05 P.M.
21. I hereby certify that I attended the deceased from 10-6 1948, to 11-18 1948 that I last saw her alive on 11-18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease — Duration
Due to Rheumatism
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury C
23. Signature Chas C Tallet (M. D. or other)
Address De Soto Mo. Date signed 11-22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 30 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 Andrew H England, Registered Apprentice No. 232, working under my personal supervision.

Signed Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto M

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.