. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39644

FILED DEC 17 1948

Registration District No. 3 — Primary Registration District No. 5291 — Registrar's No. 105

1. PLACE OF DEATH:

(a) County: Clay
(b) City or town: Liberty RFD #3 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural (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: 6 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Clay 24
(c) City or town: Liberty (If outside city or town limits, write "RURAL") 0
(d) Street No.: R.F.D #3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: ANNIE BEDFORD HERMAN

3. (b) If veteran, name war: ✓ — 3. (c) Social Security No.: ✓

4. Sex: Female — 5. Color or race: Wh — 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Henry — 6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Apr (Month) 14 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	20	hr. min.

9. Birthplace: ✓ (City, town, or county) Ireland (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: ✓

FATHER
12. Name: Robt. Hippage
13. Birthplace: ✓ (City, town, or county) Eng (State or foreign country)

MOTHER
14. Maiden name: Unknown Williams
15. Birthplace: ✓ (City, town, or county) Eng (State or foreign country)

16. (a) Informant: C.P. Atwood
(b) Address: Liberty R.F.D #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty Mo
18. (a) Signature of funeral director: Church-Archer Co.
(b) Address: Liberty Mo
19. (a) 12-7-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 1/4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1948 hour 5 minute 105 P.M.

21. I hereby certify that I attended the deceased from Nov 5, 1948, to Dec 4, 1948 that I last saw her alive on Dec 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	21 days
Due to: Second Haemorrhage 1st in May 1948	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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) 11
While at work? (e) Means of injury

23. Signature: W. H. Goodson (M. D. or other) MD
Address: Liberty Mo Date signed: Dec 6 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12-15-48

NOV 19 1949

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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.