S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1953

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45257

Registration District No. 0 Primary Registration District No. Registrar's No. 1010

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Birch Tree, Missouri
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon
(c) City or town Birch Tree, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Harrison Herrell
3. (b) If veteran, name war 0
3. (c) Social Security No. 499-22-8075
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jane
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased December (Month) 29 (Day) 1885 (Year)
8. AGE: Years 68 Months 4 Days 16 If less than one day hr. min.
9. Birthplace Fremont, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Tie Inspector
11. Industry or business
FATHER
12. Name James Fulton Herrell
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Amy Francis Legg
15. Birthplace unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant deceased
(b) Address 0
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1952 (Month) (Day) (Year)
(c) Place: burial or cremation Birch Tree, Missouri
18. (a) Signature of funeral director Joe R. Duncan
(b) Address Mtn. View, Mo.
19. (a) APR 3 1953 (Date received by local registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1952 hour 10:00 minute PM
21. I hereby certify that I attended the deceased from Jan 10 1952 May 15, 1952, to May 15 1952 that I last saw him alive on May 15, 1952 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 151	

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 0
23. Signature R. J. Davis (M. D. or other)
Address 3/25 1953 Date signed 3/25-53

(Licensed Embalmer's Statement on Reverse Side)

APR 8 1953

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn View, 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.