

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 20984

Registration District No. 227

Primary Registration District No. 5605

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Monroe.
 (b) City or town Jefferson Township (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Perry, Missouri R.F.D. #1.
 (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) 6 Yrs.
 In this community _____

3. (a) PRINT

FULL NAME Mary F. Herron.

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None.

4. Sex Female 5. Color or White 6. (a) Single, widowed, married, divorced Widowed
 7. Birth date of deceased March, 23, 1875
 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 0 If less than one day
 hr. _____ min. _____
 9. Birthplace Sumerset, Ky. Kentucky.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework.
 11. Industry or business Home.

12. Name Wm Stapleton Kentucky.
 13. Birthplace Unknown Kentucky.
 (City, town, or county) (State or foreign country)
 14. Maiden name Matilda Lauson.
 15. Birthplace Unknown Kentucky.
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Hopkins
 (b) Address Perry, Missouri.
 17. (a) Burial (b) Date thereof June, 28, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Cemetery.
 (d) Signature of funeral director Charles W. Wynn
 (e) Address Perry, Missouri.

18. (a) June 26-46 (b) Ellis Baker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe. 69
 (c) City or town Perry, Mo. R.F.D. (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jefferson Township.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23,
 year 1946 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from June
17th, 19 46 June, 23rd 19 46
 that I last saw as alive on June 23rd, 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

1 WkDue to Cerebral Hemorrhage

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 _____

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 _____

23. Signature _____

(M. D. _____)

Address Perry, MissouriDate signed 6/28/46

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

20J (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District 'File' Number 7-46-1339
Date Filed JUL-11-1946

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 Clyde W. Wiley

Licensed Embalmer No. 3826

P. O. Address Perry, 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.