

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39971**

Registration District No. **73**

Primary Registration District No. **3014**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Clay**  
(b) City or town **Liberty Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **0 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **0**  
(Specify whether years, months or days) **Years**  
In this community **Years**

3. (a) PRINT FULL NAME **Henry Jackson Herring**

3. (b) If veteran, **no** name war **no**  
3. (c) Social Security No. **none**

4. Sex **M 2**  
5. Color or race **NEGRO**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **WILLA**  
6. (c) Age of husband or wife if alive **years**  
**4 19 1871**  
(Month) (Day) (Year)

7. Birth date of deceased **4 19 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>3</b>	hr. min.

9. Birthplace **ALA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CLERGYMAN**

11. Industry or business

12. Name **CRAWFORD HERRING**

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

14. Maiden name **HARRIET M. DONALD**  
(City, town, or county) (State or foreign country)

15. Birthplace **ALA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Willa Herring**

(b) Address **334 N. Gallatin**

17. (a) **Burial** (b) Date thereof **12 27 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Liberty Mo**

18. (a) Signature of funeral director **W. H. Green**

(b) Address **K. Erno**

19. (a) **Jan. 2, 1947** (b) **Missie Herring**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Clay**  
(c) City or town **Liberty**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **N Gallatin**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **22**  
year **1946** hour **10** minute **0** M.

21. I hereby certify that I attended the deceased from **Dec 21**  
**1946**, 19 to 19,  
that I last saw him alive on **Dec 22**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage**  
Duration

Due to

Due to

Other conditions **3H**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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

23. Signature **W. H. Green** (M. D. or other) **MD**

Address **Liberty Mo** Date signed **12/24/46**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-11-47

FEB 28 1947

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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.....

*W. G. J. J. J.*

Licensed Embalmer No. 4383

P. O. Address 1819 E. 15th St. KC 200

**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.