

1887 DEC 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40240
Do not use this space.

1. PLACE OF DEATH

(a) County St. FrancoisRegistration District No. 773(b) Township St. FrancoisPrimary Registration District No. 6018ARegistered No. 149(c) City Elvis Route No. 1(d) Street No. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1652 Mrs. Rosa Amesetta Herrington
(Usual place of abode, if no street address, write county or city) St. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White-Cauc

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mrs. Aloma Vicuna Herrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

February 4, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6595

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 10, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938, to Nov 9, 1938I last saw her alive on Nov 9, 1938 Death is saidto have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Obituary Date of 5What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Applegate, M. D.699 (Address) Laramie, Wyo.

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,

Alvin W. Hood

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Alvin W. Hood

Licensed Embalmer No. *2780*

P. O. Address.....

Her Riving 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, above space should be left blank.