V. S. No. 2
0M—5-42
v. 5-17-39
1 X32673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 35209

FILED NOV 12 1943

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 255

64
3
4

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal 064
(If outside city or town limits, write "RURAL")
(d) Street No. 215 North Sixth 3
(If rural, give location) 4
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Julia Cherny
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 22, 1879 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Osage Iowa (City, town, or county) 1 (State or foreign country)
10. Usual occupation Hospital Superintendant
11. Industry or business
FATHER
12. Name John Cherny
13. Birthplace Vienna (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Korney
15. Birthplace Vienna (City, town, or county) 4 (State or foreign country)
16. (a) Informant John Cherny
(b) Address Independence Iowa
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 9-9-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Osage Iowa
18. (a) Signature of funeral director Wm M. Smith
(b) Address 902 Broadway Hannibal Mo
19. (a) 9-8-43 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1943 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 1, 1943, to Sept. 7, 1943
that I last saw her alive on Sept 7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	1 mo
Due to Bacterial endocarditis	3 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

91 a

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
23. Signature H B Norton (M. D. or other)
Address Hannibal Mo Date signed 9/9/43

1146 (Licensed Embalmer's Statement on Reverse Side)

NOV 17 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 George T. Bond, Registered Apprentice No. 350, working under my personal supervision.

Signed Wm M. Smith

Licensed Embalmer No. 1204

P. O. Address Hannibal Missouri

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.