

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

## FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 337

Primary Registration District No. 6139

Registrar's No. 43

## 1. PLACE OF DEATH:

(a) County Shelby  
 (b) City or town Shelbyville - Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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) 80 years  
 In this community \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS WILLIAM HERBST3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Annie Herbst 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Sept - 8 - 1862  
 (Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 14 If less than one day  
 .hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Know Co. Mo (City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Francis Mrs Herbst  
 13. Birthplace England (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Rose  
 15. Birthplace Know Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Herbst(b) Address Shelbyville, Mo17. (a) Burial (b) Date thereof Apr 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation D.O.O. Burmatory18. (a) Signature of funeral director E.P. Thompson(b) Address Shelbyville, Mo19. (a) April 24 46 Ruth Jaeger  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby 102  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1946 hour 8:00 minute p. M.21. I hereby certify that I attended the deceased from April 18, 1946, to April 22, 1946  
that I last saw him alive on April 22, 1946  
and that death occurred on the date and hour stated above.Immediate cause of death cerebral hemorrhage caused paralysis of left side  
Due to Arteriosclerosis  
Duration 4 days

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 \_\_\_\_\_  
 (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 2  
 23. Signature D. Howard K. Denton D. or other DO  
 Address Bethel Mo. Date signed April 24 46

RECEIVED

District Health Officer No. 10

District file number 5-46-10

Date Filed -- MAY-2-3-1946 -----

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.....

..... Myself ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... E. P. Thompson .....

Licensed Embalmer No. 1632 .....

P. O. Address Shelbyville, 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.**