

NOV 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35556
Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 2
 (b) Township _____ Primary Registration District No. 70707
 (c) City ST. JOSEPH (d) Street No. 1822 OLIVE - STR. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA - ALICE - HERTEL
 (a) Residence, No. 1822 Olive St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles M. Hertel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7 1867

7. AGE YEARS 72 MONTHS 7 DAYS 12 If LESS than 1 day,hrs. ormin.

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

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

10. Date deceased last worked at this occupation (month and year) abt 1933 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Bryant Seabolt 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Laura Stearns 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Wm Effie Davison St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Auburn DATE 10-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stoney St Joseph Mo.

20. FILED 10/21/39 19. St. Joseph Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 13 1939, to Oct 19 1939
 I last saw her alive on Oct 19 1939. Death is said to have occurred on the date stated above, 8:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza Pneumonia Date of onset 10/13/39
Arterio Sclerosis 1936
 Other contributory causes of importance: HN

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) Clordon D. Wright M.D. M. D.
 (Address) 875 So. 19th St. Saint Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

John H. Hurley
.....

Registered Apprentice No.

working under my personal supervision.

Signed *John H. Hurley*
.....

Licensed Embalmer No. *4050*

P. O. Address *2335 St Joseph Ave*

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.