

NOV 24 1939

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

36332
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 408
(b) Township..... Primary Registration District No. 30201 Registered No. 201
(c) City Carthage (d) Street No. McCune-Brooks Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant of Martin & Marceline Hiebert
(a) Residence, No. 716 Lincoln 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Carthage (STATE OR COUNTRY) Missouri

FATHER 13. NAME Martin Hiebert

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

MOTHER 15. MAIDEN NAME Marceline McCormick

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

17. INFORMANT Martin Hiebert (ADDRESS) 716 Lincoln St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 10-30 1939

19. FUNERAL DIRECTOR (NAME) Ulm'r Funeral Home (ADDRESS) Carthage, Mo.

20. FILED Oct. 30 1939 E. J. Mc Intire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/30 1939, to 10/30 1939
I last saw him alive on 1939. Death is said to have occurred on the date stated above, at 12:54 A. M.
The principal cause of death and related causes of importance were as follows:

Seven months
Maternal Stillborn
factus
Other contributory causes of importance:
True knot of umbilical cord & thinned
Arteries

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. J. Mc Intire M. D.
(Address) 304 Front, Carthage, Mo.

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.

RECEIVED

District Health Officer No. 6,

License File Number 1139-2330

Date Filed NOV 13 1930

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.....

Licensed Embalmer No. 2222

P. O. Address.....

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.