

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

6485
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township 2 Primary Registration District No. 4172
 (c) City or Kennett (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Joseph Hard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1886</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>2</u>	DAYS <u>24</u>
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. <u>Housewife</u>		
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) <u>Dunklin Co Mo</u>		
13. NAME <u>William Herrman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Cassie Miller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Mrs Henry Williams</u> (ADDRESS) <u>Kennett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kennett Mo</u> DATE <u>2/13</u>		
19. FUNERAL DIRECTOR (NAME) <u>Paul Daemon</u> (ADDRESS) <u>Kennett Mo</u>		
20. FILED <u>2-19</u> 19 <u>40</u> <u>Thurlow</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1940, to 2-11, 1940
 I last saw her alive on 2-11, 1940 Death is said to have occurred on the date stated above, at 5:45 m.
 The principal cause of death and related causes of importance were as follows:

1. Myocardial infarction Date of onset _____

Other contributory causes of importance:
1. Nutritional insuff.
2. Generalized atherosclerosis

Name of operation _____ Date of _____
 What 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) J. H. Kern M. D.
26/ (Address) Kennett 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.

MARGINAL RESERVE FOR BINDING
 V. S. NO. 2
 50M-9-19-38
 1 X16609

RECEIVED

District Health Officer No. 2

District File Number 340-750

Date Filed 3/12/46

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 *J. B. Salvo*

Licensed Embalmer No. 2556

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6485-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No.

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

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... St. Louis
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community... (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mallice Lucretia Ward

3. (b) If veteran, name war... 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife... 6. (c) Age of husband, or wife, if alive... year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 2-19-1940 (b) Shulzov (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town Kenilworth (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

INTERNATIONAL CERTIFICATION

20. DATE OF DEATH Month 2 day 11 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19... to 19... that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTAL COPY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

