18658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 400 — JUN 17 1940

Primary Registration District No. 55533

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Little Blue Rural
(If outside city or town limits, write "RURAL")

(d) Street No. J & C Home
(If rural, give location)

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

3. (a) PRINT FULL NAME Herman, Henry 655

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct (Month) 22 (Day) 1846 (Year)

8. AGE: Years 93 Months 6 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Flagman

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Dr. W. F. McCarthy Ram.
(b) Address County Home

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 17-40 (Month) (Day) (Year)
(c) Place: burial or cremation Kirkaville Cem of Ost

18. (a) Signature of funeral director Ketter Lin
(b) Address 2657 Indp Ave K Cor

19. (a) 5/19/40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1940 hour 8 minute 30 PM.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to 5-10, 1940
that I last saw him alive on 5-9, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senile debility	
Due to	
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 _____

23. Signature J W Greene (M. D. or other)
Address [illegible] Mo Date signed 5/19

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 import

Rev. 5-17-39 1 X19511

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.....Wm. L. Ward

Licensed Embalmer No.....3991

P. O. Address.....5725 Virgini

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.