

No. 2  
11-10-39  
5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21164

FILED JUL 15 1940

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

Registration District No. 64

Primary Registration District No. 5481

Registrar's No. 12

**1. PLACE OF DEATH:**

(a) County Benton

(b) City or town Rural - Union  
(If outside city or town limits, write "RURAL" and name of township)

(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 2  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Louisie J. Herren 650

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. None

4. Sex f.

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 17 1875  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

**MOTHER** { 12. Name Sant Know 9

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

14. Maiden name Sant Know

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

**FATHER** { 16. (a) Informant W. J. Herren

(b) Address Edwards, Mo

17. (a) Burial (b) Date thereof May 29 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knights Cemetery

18. (a) Signature of funeral director E. M. White

(b) Address Warsaw, Mo.

19. (a) June 4 1940 (b) Mc Watson  
Date received local registrar's (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Benton

(c) City or town Edwards, Mo  
(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.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 28  
year 1940 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from Apr 19 1940 to May 28 1940  
that I last saw him alive on May 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy

Duration \_\_\_\_\_

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? 66

While at work? White (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature White (M. D. or other) \_\_\_\_\_

Address Warsaw Mo Date signed 5/24/40

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

RECEIVED  
District Health Officer No: 7,  
District File Number 7-40-1029  
Date Filed 2-9-40

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

*Burl J. Miller*

Licensed Embalmer No. 3752

P. O. Address. Warsaw, 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, above space should be left blank.