Mo. Dept. of Health
Form No. 1
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21928

Registration District No. 400 | Primary Registration District No. 5553B | Registrar's No. 175

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

1. PLACE OF DEATH:
(a) County: Jackson Prairie Twp
(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: Jackson Co. Emergency Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits write "RURAL")
(d) Street No.: 1140 S. Hocker XXXW
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: August Baptist Herman 655
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: (487-09-4364)
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Virgie Herman
6. (c) Age of husband or wife if alive: 25 years
7. Birth date of deceased: July (Month) 16 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
40	10	16	____ hr. ____ min.

9. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: 0
FATHER
12. Name: Baptist Herman
13. Birthplace: Frankfort Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name: Sophia Grotjan
15. Birthplace: Dalton, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Virgie Herman
(b) Address: 1140 So. Hocker Indep. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4, 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: Cato & Speaks
(b) Address: Independence, Mo.
19. (a) 6-10-40 (Date received local registrar) (b) Lacar G. Dunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2 year 40 hour 2 45 minute 0 A.M.
21. I hereby certify that I attended the deceased from 5-24-40, 19__, to 6-2-40, 1940, that I last saw him alive on 6-3-40, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mediastinal Flutter	16 hrs
Due to: Rib resection IID N	
Due to: Empyema IID	2 wks.
Other conditions (Include pregnancy within 3 months of death): Phlegmon neck & lateral thoracic wall	4 days

Major findings:
Of operations: ____
Of autopsy: None

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: Frank G. Dykhouse M.D.
Address: Jackson Co. Hosp. Little Blue, Mo. Date signed: 6-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland B Peaks

Licensed Embalmer No. 3604

P. O. Address Independence, Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.