

Registration District No. 288

Primary Registration District No. 5406

Registrar's No.

1. PLACE OF DEATH:

(a) County Sturgeon  
(b) City or town Remmets Rural Co Farm  
(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 54 (Specify whether  
In this community all life years, months or days 252

3. (a) PRINT FULL NAME Herbert M. Night

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased about 50 years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Exact date of birth unknown hr. min.

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

10. Usual occupation corn labor

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

12. Name unknown orphan 9

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

14. Maiden name unknown 9

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

16. (a) Informant Hugh W. Leonard  
(b) Address Co Farm Remmets Mo

17. (a) Co Farm (b) Date thereof Aug 10-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Co Farm

18. (a) Signature of funeral director Hugh W. Leonard  
(b) Address Co Farm Remmets Mo

19. (a) 8-23-40 (b) Thales Dow (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sturgeon  
(c) City or town Remmets Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Co Farm (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1940 hour 7:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 15 1940 to Aug 9 1940  
that I last saw him alive on Aug 18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

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

Other conditions hypertension, prostate, cystitis  
(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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Thales Dow (M. D. or other) \_\_\_\_\_  
Address Remmets Mo Date signed 8-23-40

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

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 940-1

Date Filed 9/11/4

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**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.....

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, fact should be so stated above.**