

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29450

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 175

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1214 Fisk 2
 (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 1 1 6 27

3. (a) PRINT FULL NAME A. H. Franke Hertzler

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 Married6. (b) Name of husband or wife Minnie S. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 27th 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 - 27 hr. min.9. Birthplace Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Retired Minister

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Hertzler
 { 18. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Sophia Fox
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Minnie S. Hertzler(b) Address Moberly Mo17. (a) Burial (b) Date thereof Aug 27th 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Davenport, Iowa18. (a) Signature of funeral director Morgan and Son(b) Address Moberly Mo19. (a) Aug 27-40 (b) Dean Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1214 Fisk
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27th
year 1940 hour 3 minute 30 P. M.21. I hereby certify that I attended the deceased from Aug 20
1940, to Aug 24, 1940
that I last saw him alive on 11:30 PM, Aug 24, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Acute Coronary ArteriosclerosisDue to Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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?
925While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature W. J. Lemmon (M. D. _____)
Address Moberly Mo Date signed Aug 26

RECEIVED

District Health Officer No. 10

District File Number 9-40-1823

Date Filed SEP 18 1940

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 Frank B. Hatt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29450
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 735

Primary Registration District No. 3034

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Waverly
(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 _____ (Specify whether _____)
In this community _____ years, months or days August 11, 1970 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

3. (a) PRINT FULL NAME A. H. Frank Hestler
(b) If veteran, name war _____
(c) Social Security No. _____

4. DATE OF DEATH: Month Aug day 27 year 1970 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

5. Color or race W
6. (a) Single, widowed, married, divorced su
(b) Name of husband or wife _____
(c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 77 Months - Days 27 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 _____
15. Birthplace: (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof: (Month) _____ (Day) _____ (Year) _____
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

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 _____

19. (a) Aug 27 - 70 (b) Seal Hestler
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Fleming (M. D. or other) _____
Address Waverly Mo Date signed _____

SUPPLEMENTAL

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

