7. S. No. 2
M—4-13-40
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6505

Registration District No. 1 FEB MAR 11 1941 / 04 — Primary Registration District No. 5153 — Registrar's No. 63

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

14
0
0

1. PLACE OF DEATH:
(a) County: Calloway
(b) City or town: RURAL Fulton Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 MISE of Fulton /
(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: SINCE 1880

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: Calloway 14
(c) City or town: RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 3 MISE of Fulton 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: August HERMAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: None
4. Sex: MALE
5. Color or race: white
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: CRISTINA HERMAN
6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: Sept (Month) 14 (Day) 1854 (Year)

8. AGE: Years 86 | Months 5 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace: FRANKLIN Co. (City, town, or county) MO. (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING
FATHER
12. Name: CHRIS HERMAN
13. Birthplace: 4 GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: DK
15. Birthplace: 4 GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: Ed Hermann
(b) Address: Fulton Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MARCH 1 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: RICHLAND CHRISTIAN
18. (a) Signature of funeral director: Leo L Wallace
(b) Address: Fulton Mo.
19. (a) Mar. 1, 1941. (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th. year 1941 hour 9 P.M. ~~minute~~ M.
21. I hereby certify that I attended the deceased from 2/21/41. ____, 19__, to 2/27/41. ____, 19__;
that I last saw him alive on 2/27/41. ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia. Lobar rt. lung. Following asthma. B.	5, ds.
Hypertention. Marked obesity.	3, yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: No 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: Greene D. McCall M.D. (Coroner or other)
Address: Fulton Mo. Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton 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, fact should be so stated above.