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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7119

Registration District No. 384 Primary Registration District No. 5539 Registrar's No.

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

46
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1. PLACE OF DEATH:
(a) County Howell
(b) ~~City or town~~ ~~Cureall Mo~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Spring Creek Twp
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howell
(c) City or town Cureall Mo (If outside city or town limits, write "RURAL")
(d) Street No. R. F. D (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bertha Jane Herrien
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Everett Herrien
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Jan 30 (Month) 1892 (Day) (Year)
8. AGE: Years 49 Months 11 Days 21 If less than one day hr. min.
9. Birthplace Barton Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ✓
12. FATHER Name Henry Smith
13. FATHER Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. MOTHER Maiden name "
15. MOTHER Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Everett Herrien
(b) Address Cureall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Patterson
18. (a) Signature of funeral director Robertson
(b) Address Mountain Grove Mo
19. (a) 2-3-41 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1941 hour 11 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan 19 1941 to Jan 21 1941 that I last saw her alive on Jan. 20 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3 Mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 C. R. Beach M.D. (M. D. or other)
Address Eldyah Mo Date signed 1-31-41

(Licensed Embalmer's Statement on Reverse Side)

Beach

RECEIVED
District Health Officer No. 5,
District File Number 341347
Date Filed _____

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 Dorothy D Robert

Licensed Embalmer No. 3432

P. O. Address West Plains, M

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.