No. 2
-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9983

Registration District No. 53 Primary Registration District No. 3005 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill Missouri
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town ~~Butler~~ Rich Hill Missouri
(If outside city or town limits, write "RURAL") 0
(d) Street No. maple street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jacob Hirni
3. (b) If veteran, name war x
3. (c) Social Security No.
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Delia Hirni
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased ~~Hig~~ April 16/1864 (Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Highland Illinois / (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Christian Hirni
13. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
14. Maiden name Mary Riser
15. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. John Bradley
(b) Address RFD Rich Hill Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie City Mo.
18. (a) Signature of funeral director Booth Funeral Service
(b) Address Rich Hill Missouri 56
19. (a) March 21, 1941 (Date received local registrar) (b) Claude J. Allen M.D. R.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour minute 5AM M.
21. I hereby certify that I attended the deceased from June, 1940, to March 19, 1941; that I last saw him alive on March 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Renal Vascular Disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 131a
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? Means of injury
23. Signature [signature] (M. D. or other)
Address Rich Hill Mis. Date signed 3/20/1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4/41/667
Date Filed 4/12/41

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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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, fact should be so stated above.