DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24678

Registration District No. 104 | Primary Registration District No. 3008 | Registrar's No. 196

1. PLACE OF DEATH:
(a) County: CALLAWAY
(b) City or town: FULTON
(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: 24 HRS (Specify whether years, months or days) CALLAWAY
In this community: HOSPITAL 0

2. USUAL RESIDENCE OF DEASCED: 014
(a) State: MISSOURI (b) County: CALLAWAY
(c) City or town: FULTON
(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.? 0 years.

3. (a) PRINT FULL NAME: INFANT HEBERT
3. (b) If veteran, name war: NONE
3. (c) Social Security No. NONE
4. Sex: F
5. Color or race: W.
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 22 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day: 24 hr. min.

9. Birthplace: FULTON (City, town, or county) MO. U (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name: RICHARD HEBERT
13. Birthplace: ST LOUIS (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name: EDNA JORDAN
15. Birthplace: STONTSVILLE (City, town, or county) MO (State or foreign country)
16. (a) Informant's own signature: Richard Hebert
(b) Address: Fulton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Stontsville, Mo.
18. (a) Signature of funeral director: Henry Kinzer
(b) Address: 700 Court St. Fulton, Mo.
19. (a) July 23, 1941 (Date received by local registrar) (b) R. N. Craven (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 11:30 minute A.M.
21. I hereby certify that I attended the deceased from 7/22, 1941, to 7/22, 1941; that I last saw her alive on 7/22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Infant (6 months gestation)	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: Henry Kinzer (M. D. ~~or other~~)
Address: Fulton, Mo. Date signed 7/23/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.