

No. 2
-13-40
-17-39
X2315

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH
(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike Co. Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Edna Jane HEREN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
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 7 28 41 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. 5 min

9. Birthplace Louisiana (City, town, or county) Mo (State or foreign country)

10. Usual occupation Infant
11. Industry or business

12. Name Regina J. Heren
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Marie C. Clifton
15. Birthplace Narsaw (City, town, or county) (State or foreign country)

16. (a) Informant Susie Heren Mo
(b) Address RFD Louisiana Mo
17. (a) Burial, cremation, or removal RFD (b) Date thereof 7 28 41 (Month) (Day) (Year)
(c) Place: burial or cremation Noy Creek Pike Co. Mo

18. (a) Signature of funeral director J. C. Haug
(b) Address Louisiana Mo
19. (a) 7/28/41 (Date received by local registrar) (b) J. C. Haug (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana
(d) Street No. RFD No. 1
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 28 year 44 hour 4 minute 059 M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw her alive on July 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Intra-partum cerebral hemorrhage
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 Eugene Pitts Jr. M.D. (M. D. J.M.D.) Address Louisiana, Mo Date signed 7/28/41

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

2221

57381

RECEIVED

District Health Officer No. 10

District File Number 8-41-1436

Date Filed AUG 6 1941

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 ^{not}.....

No embalming

Registered Apprentice No.....

working under my personal supervision.

Signed.....

George Wagner

Licensed Embalmer No. 3773

P. O. Address *Leicester, Ma*

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.