No 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35085

Registration District No. 347 Primary Registration District No. 5501 A Registrar's No.

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Leesville twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: near Coal (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 042
(a) State Missouri (b) County Henry
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. near Coal (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Velda M Hearn
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 single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 2 (Month) 10 (Day) 1935 (Year)

8. AGE:

Years	Months	Days	If less than one day
6	9	6	hr. min.

9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business

FATHER
12. Name Alfred Hearn
13. Birthplace St Clair Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lela Ferguson
15. Birthplace Jasper Co (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Alfred Hearn
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18 41 (Month) (Day) (Year)
(c) Place: burial or cremation Concord cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) 11-16-41 (Date received local registrar) (b) Dr J P Hampton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1941 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1941, to Nov 16, 1941 that I last saw her alive on Nov 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia following ~~[illegible]~~ intestinal obstruction — Duration
Due to ~~[illegible]~~ My condition from [illegible] cause unknown
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 Geo S Wright DO (M. D. or other)
Address Clinton Mo Date signed Nov 17, 41

312 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-4-1924
Date Filed 11-24-41

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.....

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

working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Quincy

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35085

Registration District No. 347

Primary Registration District No. 5501A

Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural
(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
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Velda M. Hearn

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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 10 (Day) 1935 (Year)
8. AGE: Years 6 Months 9 Days 0 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia following Intestinal Obstruction — Duration
Due to Fecal impaction, which was there for 8 days
Due to before seeing her. This child was a mental patient
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
10 / 8

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 Geo. S. [illegible] (M.D. or other) 9
Address Clinton Mo. Date signed