

S. No. 2
 11-10-39
 v. 5-17-39
 X21482

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

Dr Moore
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

39028

State File No. _____

FILED DEC 16 1941
 Registration District No. 628

Primary Registration District No. 628

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Holland, (Holland Twp)
(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 years, months or days)
 In this community 3 Days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Bennie Hernandez

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Mexican 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 March 21 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Mt Pleasant, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Regino Hernandez

13. Birthplace Lockheart, Tex.
(City, town, or county) (State or foreign country)

14. Maiden name Casenifa Rodriguez.

15. Birthplace San Marcos, Tex
(City, town, or county) (State or foreign country)

16. (a) Informant Regino Hernandez

(b) Address Holland, Mo.

17. (a) Burial (b) Date thereof 9/30.41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coleman Cemetery

18. (a) Signature of funeral director J.L. German

(b) Address Steele, Mo.

19. (a) 12-2-1941 (b) Romberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town Holland (Rural)
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
 year 1941 hour 1 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Strep throat disorder, died

Due to with out having medical attention

Other conditions _____
(Include pregnancy within 3 months of death)

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?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Jules V. Moore (M. D. or other) coroner
 Address Steele, Mo Date signed 9/2/41

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

12-41-16

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 with the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39028

Registration District No. 656

Primary Registration District No. 6281

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Peppercost
 - (b) City or town Peppercost
(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 _____
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 Bennie Hernandez

- 3. (b) If veteran, name war _____
- 3. (c) Social Security No. _____

- 4. Sex M 5. Color or race M
- 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 Mar 21 1945
(Month) (Day) (Year)

- | | | | | |
|---------|-------|----------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | | <u>6</u> | | <u>11</u> min. |

- 9. Birthplace _____
(City, town, or county) (State or foreign country)
- 10. Usual occupation _____
- 11. Industry or business _____
- 12. Name _____
- 13. Birthplace _____
(City, town, or county) (State or foreign country)
- 14. Maiden name _____
- 15. Birthplace _____
(City, town, or county) (State or foreign country)

- 16. (a) Informant _____
- (b) Address _____
- 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation _____
- 18. (a) Signature of funeral director _____
- (b) Address _____
- 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Stomach Disordered

Due to: Parents stated that infant had had stomach trouble for several weeks and had been unable to hold food, had

Other conditions: _____
Major findings: no medical attention, Gastritis or Gastric Enteritis,
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 119a
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Jules V. Woods, Coroner
Address _____ Date signed _____

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

SUPPLEMENTARY

S-39028