V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 523

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Allen.

State File No. 1647

Primary Registration District No. 3005

Registrar's No. 3

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2
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1. PLACE OF DEATH:
(a) County: Bates
(b) City or town: Rich Hill Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - Maple and Fayette
(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: 83 YEARS

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

3. (a) PRINT FULL NAME: Delia Hirni
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: W
6. (b) Name of husband ~~or wife~~: Jacob Hirni died Mar. 1941
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOV. (Month) 1 (Day) 1858 (Year)
8. AGE: Years 83 Months ~~83~~ 2 Days 18 If less than one day hr. min.
9. Birthplace: Bates County (City, town, or county) U (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ✓
FATHER 12. Name: Freman Barrows
FATHER 13. Birthplace: MASS. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ASENETH VAIL
MOTHER 15. Birthplace: FT GIBSON OKLA. (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. JOHN Bradley
(b) Address: Rich Hill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN. 21 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Prairie City Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Rich Hill Mo
19. (a) Jan. 19, 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 19th day year 1942 hour 2:55 minute ~~a.m.~~ P.M.
21. I hereby certify that I attended the deceased from Jan 1 1933 to Jan 19 1942 that I last saw her alive on Jan 18 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to: Nephritis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 8 30	
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: [illegible] (M. D. or other)
Address: Rich Hill Mo Date signed 1/19/42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-32
Date Filed 2-9-42

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 John D Underwood

Licensed Embalmer No. 3565

P. O. Address Butler Mo

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.