

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18653

State File No.

Registrar's No.

Registration District No. 726

Primary Registration District No. 5958

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Theodosia, (rural)
(c) Name of hospital or institution: Big Creek Supp
(If outside city or town limits, write "RURAL" and name of township)
(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

3. (a) PRINT FULL NAME Malinda Herd

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 Dec 20 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

12. Name Jessie Herd
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Jane Welch
15. Birthplace Indiana, (City, town, or county) (State or foreign country)

16. (a) Informant Samuel Herd
(b) Address Lutie mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Friend Cem.

18. (a) Signature of funeral director E. L. Marler
(b) Address Gainesville, Mo.

19. (a) 4-16-42 (Date received local registrar) (b) Mary F. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ozark
(c) City or town Lutie (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1942 hour one minute 15 P. M.

21. I hereby certify that I attended the deceased from April 9, 1942, to April 15, 1942
that I last saw him alive on April 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 6 days
Due to Burn on foot 2 weeks

Due to Epileptic Seizure - fell with foot in fire place causing the burn
Other conditions 14-15
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
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) Accident
(b) Date of occurrence April 1, 1942
(c) Where did injury occur? Home (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) (e) Means of injury DD
23. Signature M. Hoerman (M. D. or other)
Address Gainesville, Mo. Date signed 4-16-42

584 (Licensed Embalmer's Statement on Reverse Side)

4, 17, 42

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

RECEIVED

District Health Officer No. 6,

District File Number 642-773

Date Filed JUN 8 1942

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This body was

not Embalmed
H. L. Marler
Paineville, Mo.

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, fact should be so stated above.