

FILED JUL 6 8 1942

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

1. PLACE OF DEATH: *Pettis*

(a) County *Pettis*

(b) City or town *Sedalia*

(c) Name of hospital or institution: *4 1420 East 6th*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community *20 years* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pettis*

(c) City or town *Sedalia*

(d) Street No. *1420 East 6th*

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME *Alex Hirschfeld*

3. (b) If veteran, name war *None*

3. (c) Social Security No. *None*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *12th* year *1942* hour *7:30* minute *P.* M.

21. I hereby certify that I attended the deceased from *May 28* 1942 to *June 12* 1942 that I last saw him alive on *June 11* 1942 and that death occurred on the date and hour stated above.

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Eliza Stewart Hirschfeld* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *May 29* 1867 (Month) (Day) (Year)

Immediate cause of death	Duration
<i>Cardiac failure</i>	<i>1 week</i>
<i>Inanition</i>	<i>5 week</i>
<i>Enterocolitis</i>	<i>5 weeks</i>

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

Major findings: Of operations *none* 120a

Of autopsy *none*

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years *75* Months *0* Days *13* If less than one day _____ hr. _____ min.

9. Birthplace *Milan County, Texas* (City, town, or county) (State or foreign country)

10. Usual occupation *Mill carpenter*

11. Industry or business *Mr. Paes Shop*

12. Name *Carl Hirschfeld*

13. Birthplace *Berlin, Germany* 4 (City, town, or county) (State or foreign country)

14. Maiden name *Caroline Berfeld*

15. Birthplace *Berlin, Germany* 4 (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. W. F. Row*

(b) Address *1420 E. 6th Sedalia, Mo.*

17. (a) *Burial* (b) Date thereof *June 15, 1942* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Crown Hill*

18. (a) Signature of funeral director *Marjorie Aubrey*

(b) Address *Sedalia, Missouri*

19. (a) *6-14-42* (b) *Madeline Berger* (Date received local registrar) (Registrar's signature)

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 *Chas D. O'Boone* (M. D. or other) *M.D.*

Address *113 1/2 E 4th Sedalia, Mo.* Date signed *6/13/42*

JUL 6 - 1942

Dr. O'Brien

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-3-42

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 *Quane Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Sedalia*

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.