. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

On Mar 29 1942 165

State File No.

FILED SEP 14 1942 128

Registration District No. ~~318~~

Primary Registration District No. 2000

Registrar's No. 623

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Tiny
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Wayne 999

(c) City or town Detroit 20
(If outside city or town limits, write "RURAL")

(d) Street No. 12053 Memorial Street 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Shirley Ann Herbert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February (Month) 10, (Day) 1938 (Year)

8. AGE: Years 4 ✓ Months 6 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Detroit, (City, town, or county) Michigan (State or foreign country) 1

10. Usual occupation Child

11. Industry or business At home

FATHER
12. Name George Herbert
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Gladys Hand
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mr. George Herbert
(b) Address Detroit, Michigan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 8-24-42 (Date received local registrar) (b) D. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1942 hour 8:35 minute P. M.

21. I hereby certify that I attended the deceased from 8-21- 1942 to 8-23- 1942
that I last saw her alive on 8-23- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Enteritis acute

Due to Status-Thymo-Lymphaticus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Status-Thymo-Lymphaticus

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

23. Signature J. D. Musick (M. D. or other)
Address Springfield, Mo Date signed 8-24-42

944 (Licensed Embalmer's Statement on Reverse Side)

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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield 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.