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

48
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

227344

State File No.

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 214

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sugar Creek Blue Ita
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: about 4 Blks - E. of Santa Fe Depot
(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 Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4

(d) Street No. 314 No. Quincy
(If rural, give location)

(e) Citizen of foreign country? don't know (Yes or No)
If yes, name country — 1

3. (a) PRINT FULL NAME Mabel Hershberger

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harold Hershberger

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

7. Birth date of deceased no record (Month) (Day) (Year)

8. AGE: Years About 49 | Months | Days | If less than one day hr. min.

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

10. Usual occupation No

11. Industry or business

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

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

16. (a) Informant Lewis Boothe
(b) Address Wichita, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Floyd C. Carson
(b) Address Independence, Mo.

19. (a) 8-18-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 42 hour minute M.

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

Immediate cause of death Death by strangulation and gunshot wound of the Abdomen (Bullet)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 168

Major findings:
Of operations —
Of autopsy See above

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) Homicide
(b) Date of occurrence About 8/11/42
(c) Where did injury occur? Jackson Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Do not know (Specify type of place)
While at work? — (e) Means of injury 8/13/42

23. Signature C. J. Fetch 2 (M. D. or other)
Address K. Cuw Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1949

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. 2467

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.