

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 27 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 811

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Waverly, Mo

(c) Name of hospital or institution: State Hosp # 22  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 3 mos 8 days  
(Specify whether years, months or days)

In this community yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Waverly, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1519 East 29th Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Hershman

3. (b) If veteran, name war no

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16<sup>th</sup>  
year 1942 hour 1:30 minute 0 P. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Hershman

6. (c) Age of husband or wife if alive Don't know years

7. Birth date of deceased: 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1942 to Nov 16 1942  
that I last saw her alive on Nov 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death hemiplegia of brain Duration 1 wk

8. AGE: Years 77 Months 0 Days 0  
If less than one day hr. min.

Due to 830

Due to .....

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

9. Birthplace Russia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER { 12. Name not given

13. Birthplace 11 9  
(City, town, or county) (State or foreign country)

14. Maiden name not given

15. Birthplace not given 9  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations .....

Of autopsy .....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. David Hershman

(b) Address 1519 East 29th St. W. Mo

17. (a) Burial (b) Date thereof 11-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waverly City Mo

18. (a) Signature of funeral director M. Hershman & Sons

(b) Address 2738 Prospect St. C. Mo

19. (a) 11-20-42 (b) Rose Hertzog  
(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 0

23. Signature R. E. ... (M. D. or other) 0  
Address State Hospital #22 Waverly Date signed 14 1942

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

**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.**