

S. No. 2  
OM-5-42  
ev. 5-17-39  
X32873

36968

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 3 1942

Registration District No. 218

Primary Registration District No. 3017

Registrar's No. 136

27  
1  
2

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: St Joseph Hospital  
(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 His life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cooper

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

(d) Street No. 315 Chestnut Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Herzog

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
year 1942 hour 12:55 minute A M.

21. I hereby certify that I attended the deceased from  
Oct 31, 1942, to Nov 3, 1942  
that I last saw him alive on Nov 2, 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White

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: June 2 1916  
(Month) (Day) (Year)

Immediate cause of death.....  
Cirrhosis of liver and  
Chronic nephritis

Duration.....

8. AGE: Years Months Days If less than one day  
26 5 1 hr. .... min.

Due to.....

Due to.....

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

Major findings:  
Of operations none

Of autopsy none

9. Birthplace Boonville MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ✓

MOTHER FATHER { 12. Name Herman Herzog

13. Birthplace Germany 7  
(City, town, or county) (State or foreign country)

14. Maiden name Marion Dahm

15. Birthplace Boonville Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herman Herzog

(b) Address Boonville Mo

17. (a) Burial (b) Date thereof Nov 5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman Doherty

(b) Address Boonville Mo

19. (a) Nov-4-42 (b) Archas Swap  
(Date received local registrar) (Registrar's signature)

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?  
.....

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

23. Signature T.C. Beckett M.D.  
Address Boonville, Mo Date signed 11-4-42

28  
RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filled 12-1-42

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 J. H. Goodman  
Licensed Embalmer No. 1178  
P. O. Address Boonville, 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.