

Registration District No. 172

Primary Registration District No. 3034

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community since childhood _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME MARTHA FIETH

3. (b) If veteran, name war _____ X 3. (c) Social Security No. _____ X

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ X 6. (c) Age of husband or wife if alive _____ X _____ years

7. Birth date of deceased. 20 25 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Warrenton mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Home wife

11. Industry or business no

MOTHER FATHER { 12. Name Herman Homer 13. Birthplace Don't know 9
14. Maiden name Don't know 15. Birthplace Don't know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Fieth

(b) Address 1174 Hi Point, Los Angeles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 43 (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director _____

(b) Address Higginsville Mo.

19. (a) 1-22-1943 (Date received local registrar) (b) Dr. W. A. Braeklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1943 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1943 to Jan 17 1943 that I last saw him alive on Jan 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Influenza 2 wks

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 330

Major findings: Of operations _____
Of autopsy _____

Duration
2 wks
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) (e) Means of injury _____

23. Signature E. M. Moore (M. D. or other) M.D.
Address Higginsville Mo. Date signed 1-17-43

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

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 2-5-43

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 _____

Forrest A. Hooper

Registered Apprentice No. 336

working under my personal supervision.

Signed *Forrest A. Hooper*

Licensed Embalmer No. 1539

Forrest A. Hooper

P. O. Address *Higginell 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.