

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17804

Do not use this space.

1. PLACE OF DEATH

(a) County Sacramento Registration District No. 119
(b) Township _____ Primary Registration District No. 4193
(c) City Herrmann (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number),
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 8

2. PRINT FULL NAME

(a) Residence, No. John Bohn St. ☐ (If nonresident, give city or town and State) 1
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Do not know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
62 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown?

17. INFORMANT (ADDRESS) Dr. W. A. Geter

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann, Mo. DATE 5/20 19 43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herrmann, Mo.

20. FILED May 16 19 43 A. H. Hedler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 19 43

22. I HEREBY CERTIFY, That attended deceased from Died without medical attention, 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Crushing injury to chest fracturing clavicle and upper five ribs on rt. Fractured ends of ribs puncturing rt. lung Date of onset 5/16/43

Other contributory causes of importance: Verdict of Gross Jury. Deceased came to his death by being hit by a motor vehicle, driver unknown.

Name of operation _____ Date of _____

What confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) mention also the following: Accident, homicide

Accident, suicide, or homicide? Accident Date of injury 5/16, 19 43

Where did injury occur? Herrmann, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place, E. 6th St.

Manner of injury Hit and run over by automobile

Nature of injury Fracture clavicle, upper ribs on rt. Puncture of rt. lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. A. Geter, Coroner DD

(Address) Herrmann, Mo.

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 myself,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2044

P. O. Address Herrmann M

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, above space should be left blank.