

3. No. 2
4-542
5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18115

State File No.

FILED JUN 10 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
813 Ash Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) county Jasper ⁴⁹

(c) City or town Carthage ³
(If outside city or town limits, write "RURAL")

(d) Street No. 813 Ash
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME FELIPA HERRERA

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 5:30 minute A M.

4. Sex Female

5. Color or race 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 May 22, 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Did not see her alive
that I last saw her alive on 19.....
and that death occurred on the date and hour stated above.

8. AGE:

| | | | |
|----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>0</u> | <u>0</u> | <u>5</u> | hr. min. |

Immediate cause of death Cholelithiasis

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

Due to.....

Due to..... 161a

10. Usual occupation None

11. Industry or business.....

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

MOTHER FATHER

12. Name Espiridion Herrera

13. Birthplace X Okla
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Cortez

15. Birthplace Carthage Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Espiridion Herrera

(b) Address 813 Ash St., Carthage, Mo

17. (a) Burial (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

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?

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) May 28 '43 (b) E. Lydette Couplin
(Date received local registrar) (Registrar's signature)

23. Signature E. Lydette Couplin (Specify type of place) (c) Means of injury Coroner
Address Carthage, Mo (M. D. or other) Date signed May 27 '43

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

43-5-457

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.....

Ed Lechner

Licensed Embalmer No.....

2227

P. O. Address.....

Carthage

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.