

FILED AUG 1943

Registration District No. 47

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Heron

(c) Name of hospital or institution: State Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 11 wks. 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vada H. Traugott

3. (b) If veteran, name war DK.

3. (c) Social Security No. DK.

4. Sex Female

5. Color Blk

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife deceased

6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased June 14 1878
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>65</u> | <u>1</u> | <u>3</u> |hr.min. |

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

10. Usual occupation Thinning

11. Industry or business

MOTHER FATHER

12. Name Wm. Helling

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

14. Maiden name Ernestine Helling

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

16. (a) Informant Record

(b) Address Removal

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 7-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation Herrmann mo

18. (a) Signature of funeral director Hergott Blum

(b) Address Herrmann mo

19. (a) July 17 1943 (Date received local registrar) (b) Joie Morant (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gasconade

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1943 hour 3:30 minute a M.

21. I hereby certify that I attended the deceased from 6-5 1943 to 7-16 1943; that I last saw him alive on 7-16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic bronchopneumonia
suppurative

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131

Of operations

Of autopsy

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 H. E. Sherrill (M.D. or other) Address Callaway mo Date signed 7/17/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *August Plymmer*
Licensed Embalmer No. *3160*
P. O. Address. *Hermann 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.