V. S. No. 2
50M—5-42
Rev. 5-17-30
P1 X3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25440

FILED AUG 7 1943

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 89

59 1 2

1. PLACE OF DEATH:

(a) County: Livingston

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

(c) Name of hospital or institution:
1937 Grandview Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 12 years

2. USUAL RESIDENCE OF DECEASED: 57

(a) State: Missouri. (b) County: Livingston 1

(c) City or town: Chillicothe 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 1937 Grandview Avenue
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Louis William Herminghausen

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lottie Belle Herminghausen 6. (c) Age of husband or wife if: 57 years

7. Birth date of deceased: August (Month) 6th. (Day) 1862 (Year)

8. AGE: Years: 80 Months: 11 Days: 25 If less than one day: ..... hr. ..... min.

9. Birthplace: Fort Madison (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER
12. Name: William Fredrick Herminghausen
13. Birthplace: ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: Pauline Stemple
15. Birthplace: ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Mrs L. M. Herminghausen
(b) Address: Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-3-'43 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri

19. (a) Aug 3-1943 (Date received local registrar) Lou Ella Curry (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side).

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 1st. year: 1943 hour: 12:05 minute: P. M.

21. I hereby certify that I attended the deceased from April 28, 1943, to Aug 1, 1943; that I last saw him alive on Aug 1, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon, splenomegalic hypertrophy	14 yr.
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): H6	

Major findings:
Of operations: .....
Of autopsy: .....

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

23. Signature: G. W. Carpenter (M. D. or other) ..... Address: Chillicothe Mo Date signed: 8/7/43

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 E. R. Norman, Registered Apprentice No. ....., working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.