

V. S. No. 2
100M-2-43
Re 5-17-39
I X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28134

State File No. _____

Registrar's No. 62

FILED AUG 16 1943

Registration District No. 707

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Messnell Hospital
(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)

3. (a) PRINT FULL NAME R. B. Herrell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M Color or race W

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July 14 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

11 11 22 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business none

12. Name Rollen Herrell

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

14. Maiden name Viona Aikens

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

16. (a) Informant Rollen Herrell

(b) Address Hornersville Mo

17. (a) Burial (b) Date thereof 7-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Johnson

(b) Address Kennett - Mo

19. (a) 7-12-43 (b) Julius Blankenship
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin/35

(c) City or town Kennett - Mo
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 1943 hour 2 minute 05 M.

21. I hereby certify that I attended the deceased from 7-2-43
_____, 19____, to 7-6-43, 19____;
that I last saw him alive on 7-6-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to acute gangrenous appendicitis, ruptured

Due to _____

Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings: acute suppurative ruptured appendix, with generalized peritonitis

Of operation _____

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 Shelence Smo (M.D. or other) _____

Address Kennett, Mo Date signed 7-6-43

Duration

5 days

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 843-1032

Date Filed 8-11-43

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

Signed L.P. Johnson

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.