

No. 2
4-13-40
5-17-39
X2375

31645

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED SEP 25 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 738

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)

In this community 1 years, months or days
(Specify whether _____)

3. (a) PRINT FULL NAME ROSS HERBERT

(b) If veteran, name war none

(c) Social Security No. unk

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 14 1926
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>17</u>	<u>2</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation TRUCK DRIVER

11. Industry or business _____

12. Name JAMES HERBERT

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

14. Maiden name Mandy Hook

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

16. (a) Informant MRS. James Herbert

(b) Address Bolivar Missouri

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

(c) Place: burial or cremation Bolivar Missouri

18. (a) Signature of funeral director E. W. Handley

(b) Address Bolivar Mo.

19. (a) 9-7-43 (b) E. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 13
1943 to Sept 6, 1943

that I last saw him alive on 9-2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus Dysenteriae

Due to Streptococcus hemolyticus

Due to _____

Other conditions (include pregnancy within 3 months of death) 2fa

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? _____

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

23. Signature E. W. Handley (M. D. or other) MD

Address Springfield, Mo. Date signed 9/6/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Willard P. Evers

Licensed Embalmer No.

3092

P. O. Address

Salinas, 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.

X