

S. No. 2  
-9-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34250

FILED NOV 10 1943

State File No. ....

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Butler County

(b) City or town Fish mo. Rt 5  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution rural - Ash Hill Hosp  
(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..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Butler

(c) City or town Fish mo. Rt 5  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Harvey Aaron

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1  
year 1943 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

4. Sex male 5. Color or Race W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ben Aaron 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov 7 1875  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Depressive Cardiac Disease

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

67 7 24 hr. min.

Due to Arteriosclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Farm work

Major findings: Of operations.....

Of autopsy.....

13/a

MOTHER FATHER

11. Industry or business.....

12. Name Benjamin Aaron

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

14. Maiden name Malinda Clark

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

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?.....

16. (a) Informant Henry Somers

(b) Address Fish mo. Rt 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Harris Ridge

18. (a) Signature of funeral director W. D. Dany

(b) Address Coppage Ave

19. (a) 11-4-43 (Date received local registrar) (b) Belle Ferme (Registrar's signature)

While at work..... (Specify type of place) (b) Means of injury.....

23. Signature Poplar Bluff, Mo (M. D. or other) Date signed 11/3/43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**