

FILED JAN 11 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1090

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: 1908 W. High /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 Years. (Specify whether years, months or days)

In this community 33 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1908 W. High  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry Herberger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Herberger

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

7. Birth date of deceased April 12 1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Buffalo New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER { 12. Name Gregory Herberger

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

14. Maiden name Unknown

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

16. (a) Informant Leo Herberger

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-4-44 (Date received local registrar) (b) W. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1943 hour 10 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec 20 1943 to Dec 31 1943  
that I last saw him alive on Dec 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-renal vascular Disease

Duration 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 13/4  
(Include pregnancy within 3 months of death)

Major findings: 13/4

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? Max Tally (Specify type of place) (e) 1-4-44 years of injury

23. Signature Max Tally (M. D. or other) MD

Address Springfield, Mo. Date signed 1-4-44

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

9  
6  
2

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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

*Walter E Hamilton*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield, 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.**