

FILED JAN 19 1944

Registration District No. 148

Primary Registration District No. 3347

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Mountain Top, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard
(c) City or town Rural, Mountain Top
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE P. HERN.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clayton Hern 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Oct. 28 - 1866.
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Howard Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Thomas Sutherland
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Althelga Butler
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Hallon
(b) Address Rockport

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Big Springs

18. (a) Signature of funeral director P. B. New Lan
(b) Address New Lan

19. (a) 12-29-1943 (b) Sam W. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1943 hour 11 minute 10 AM

21. I hereby certify that I attended the deceased from Early to Dec. 22, 1943

that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
Stroke, hemorrhagic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

Duration

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 J. W. P. Dyer (M. D. or other) MD
Address Collected Date signed 12-28-43

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 1-18-44

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 R. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Britain, 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.