

FILED MAR 18 1944

Registration District No. 263

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-890

11661

State File No.

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ozark
(b) City or town Mountain View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution near Pontiac mo
(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 time years, months or days

3. (a) PRINT FULL NAME

Eliza E. Herd

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex F

5. Color or

race W

6. (a) Single, widowed, married,

divorced married

6. (b) Name of husband or wife

James E. Herd

6. (c) Age of husband or wife if

alive 75 years

7. Birth date of deceased

June (Month)

15 (Day)

1870 (Year)

8. AGE:

Years

Months

Days

If less than one day

73

7

20

hr. min.

9. Birthplace

Pontiac mo (City, town, or county)

mo (State or foreign country)

10. Usual occupation

House Keeper

11. Industry or business

12. Name

S. C. Turnbo

13. Birthplace

Pontiac (City, town, or county)

mo (State or foreign country)

14. Maiden name

Silda Huff

15. Birthplace

Lead Hill (City, town, or county)

ark (State or foreign country)

16. (a) Informant

Everett Herd

(b) Address

Okemah Okla

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof

Feb 7-44 (Month) (Day) (Year)

(c) Place: burial or cremation

Pontiac mo

18. (a) Signature of funeral director

me Clure (Specify type of place) While at work?

(b) Address

Joinville mo

19. (a)

2-7-1944 (Date received local registrar)

(b) Mary F. Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark
(c) City or town Pontiac (If outside city or town limits, write "RURAL")
(d) Street No. near Pontiac mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Feb

day

5

year

1944

hour

9

minute

P M.

21. I hereby certify that I attended the deceased from

Feb 1-44

to

Feb 5-44

that I last saw her alive on Feb 5-44 and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

2 wks

Due to

Hypertension, Arterial

20 yrs

Due to

Other conditions

Carcinoma of Stomach

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?

(Specify type of place)

(e) Means of injury

23. Signature

M. J. Harman

(M. D. or other)

Address

Gardenville, Mo

Date signed 2/7-44

584

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 344-336
Date Filed MAR 16 1944

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Winesville

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.