V. S. No. 2
0M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34077

FILED NOV 8 1944

Registration District No. 8 Primary Registration District No. 4147 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bunceton, Kelly-Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 2 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Arkansas (b) County

(c) City or town Mountain Home 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ——— 2

3. (a) PRINT FULL NAME Cassom Seymour Hirsch.

3. (b) If veteran, name war

3. (c) Social Security No. 429-26-1136

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Virginia Hirsch.

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. (Month) 4" (Day) 1886 (Year)

8. AGE: Years 58 Months 1 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Warrensburg, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Drug Store

FATHER
12. Name Jacob Hirsch.
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Alice Asbury.
15. Birthplace Wheeling, (City, town, or county) West Virginia. (State or foreign country)

16. (a) Informant Mrs. Fred Johnson.
(b) Address Mexico, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. (Month) 17" (Day) 1944 (Year)
(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) Oct 21-44 (Date received local registrar) (b) Mrs. W. W. Robien (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16" year 1944 hour 3 minute 30 a.M.

21. I hereby certify that I attended the deceased from Oct 15th, 1944, to Oct 16th, 1944 that I last saw him alive on Oct 15th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 24 hours

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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)

While at work? (e) Means of injury

23. Signature Wm. Elliott 0 (M. D. or other)

Address Bunceton Mo. Date signed Oct 18

1087

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-7-44

DEC 1 1944

8863

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.