

Registration District No. 72

Primary Registration District No. 3007

1. PLACE OF DEATH

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 8 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wayne
(c) City or town Piedmont, Mo.
(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: Kenneth W. Herter Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife ← 6. (c) Age of husband or wife if alive ← years
7. Birth date of deceased: August 6 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation child

11. Industry or business _____

MOTHER FATHER
12. Name Kenneth F. Herter
13. Birthplace Garden City, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Johnson
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Johnson Herter

(b) Address 16 E. James (Queen Rough, Michy)

17. (a) Burial (b) Date thereof 4 18 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Ill.

18. (a) Signature of funeral director William Coder

(b) Address Piedmont, Mo.

19. (a) 4-17-45 (b) Wille Anne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1945 hour 3:45 minute 9 M.

I hereby certify that I attended the deceased from April 15, 1945, to April 16, 1945;
that I last saw him alive on April 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema Duration 1 da
Due to Bilateral lobar pneumonia 2 da

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

Major findings: Of operations 108
Of autopsy _____

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 W. J. Herter (M. D. or other) 4/17/45
Address Poplar Bluff, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
7
3

RECEIVED

District Health Office - No. 2,

District File Number 545,668

Date Filed 5-7-45

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.....

Coder Funeral Home

Registered Apprentice No.

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Redmont 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.