

No. 2  
8-13  
5-17-39  
I X37823

FILED APR 8 1946

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Marion Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jasper Co. Hosp. Hospital D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 10624 Hummer Road 4  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Herbert Eugene Hare

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month Feb day 18  
year 1946 hour 2 minute 50 M.

4. Sex MD 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 24 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 14, 1946, to Feb 18, 1946, that I last saw him alive on Feb 17, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 2 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pulmonary Tuberculosis

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

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

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

10. Usual occupation Farmer

11. Industry or business Advert. Agt.

12. Name Missouri

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Vrooman

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 2/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo

18. (a) Signature of funeral director Dubin & Kelly

(b) Address Independence Mo

19. (a) 2-18-46 (b) O. L. Pritchard  
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 Gene E. Douglas (M. D. certifying)

Address Chatt City Mo Date signed 2/2/46

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

8750

46-3-217

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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 Dixon L. Kepley  
Licensed Embalmer No. 4225  
P. O. Address Indep. 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.**