

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 178

Primary Registration District No. 4283

Registrar's No. 79

1. PLACE OF DEATH: Lewis  
 (a) County Lewis  
 (b) City or town Ewing  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED: 56  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WASHINGTON HERST  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. day 12  
 year 1946 hour 11 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MRS. DORA HERST 6. (c) Age of husband or wife if alive 92 years  
 7. Birth date of deceased JULY 4 1856  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 24 1946 to Sept. 12 1946;  
 that I last saw him alive on Sept. 12 1946;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Senility

8. AGE: Years Months Days If less than one day  
90 2 7 11 hr. 30 min.

Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 162B

9. Birthplace TRUMBLE Co. OHIO  
 (City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business \_\_\_\_\_  
 12. Name ROBERT HERST  
 13. Birthplace TRUMBLE Co. OHIO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name LUCRETIA STEWARD  
 15. Birthplace TRUMBLE Co. OHIO  
 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Alva Herst  
 (b) Address Ewing Mo.

17. (a) Burial (b) Date thereof Sept 14 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Marshalltown Iowa

18. (a) Signature of funeral director Thomas Ball  
 (b) Address Ewing Mo.

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? \_\_\_\_\_

19. (a) Sept. 12 1946 (b) P.W. Jennings M.D.  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury H  
 23. Signature Harry P. Brock M.D. or other D.O.  
 Address La Belle, Missouri Date signed 9/12/46

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

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1977  
Date Filed OCT 31 1946

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..... *Thomas Ball* .....

Licensed Embalmer No. *1744* .....

P. O. Address *Ewing, 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.