

No. 2
-12-45
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30130**

FILED AUG 26 1947
Registration District No. **3020**

Primary Registration District No. **3076**

Registrar's No. **111**

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

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution one month
(Specify whether years, months or days)
 In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada
(If outside city or town limits, write "RURAL.")
 (d) Street No. 329 E. Locust
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ✓

3. (a) PRINT FULL NAME ALBERTA M. HERIDER

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John J. Herider
 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Aug 27 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>10</u>	<u>25</u>	hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business

MOTHER FATHER
 12. Name H.C. Mc Clean
 13. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Juby E. Hanor Gentry
 15. Birthplace Lamar Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Herider
 (b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 7-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar, Mo.

18. (a) Signature of funeral director Allen D. Day
 (b) Address Nevada, Mo.

19. (a) 8-20-47 (b) Nathyn Yancey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1947 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-16 1947, to 7-27 1947
 that I last saw her alive on 7-22 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemolytic streptococic septicemic
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 F. J. Marten (M. D. or other) M.D.
 Address Nevada Mo Date signed 8-4-47

Duration 6 wks
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
Director Health Officer No. 71
District File Number 7-47-998
Date Filed 8-25-42

MAY 27 1958

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 *Allen S. Kaye*
Licensed Embalmer No. *1968*
P. O. Address *Nevada, 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.