

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

1. PLACE OF DEATH:

(a) County: Adair

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

(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution: 3 days  
Specify whether

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Sally <sup>102</sup>

(c) City or town: Hunnell  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) <sup>1</sup>

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

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

3. (a) PRINT FULL NAME: GEORGE ESSIE HERGESHEIMER

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 21  
year: 1947 hour: 7 minute: 50 A.M.

21. I hereby certify that I attended the deceased from Nov 18, 1947, to Dec 21, 1947, that I last saw him alive on Dec 20, 1947, and that death occurred on the date and hour stated above.

4. Sex: M 5. Color or race: W

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

6. (b) Name of husband or wife: Mary Hergesheimer

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

7. Birth date of deceased: June 22 1883  
(Month) (Day) (Year)

Immediate cause of death: Hypertensive pneumonie <sup>3 days</sup>

Due to: Cerebral hemorrhage <sup>4 days</sup>

Due to: Hypertension <sup>years</sup>

Due to: Arteriosclerosis <sup>years</sup>

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

8. AGE: Years Months Days If less than one day

64 5 28 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Carpenter

11. Industry or business: \_\_\_\_\_

12. Name: George W. Hergesheimer

13. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name: Ella R. Ballist

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: H. N. Hawker

(b) Address: Hunnell, Mo

17. (a) Burial (b) Date thereof: 12-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: IOOF Cemetery

18. (a) Signature of funeral director: Leta Sivaha

(b) Address: Hunnell, Mo

19. (a) 12-27-47 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

PHYSICIAN: \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: 83A

Underline the cause of 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) <sup>2</sup>

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature: M. T. Stubenack or other: PO

Address: Ficksville, Mo Date signed: 12-21-47

RECEIVED  
District Health Officer No. 1  
District File Number *12-47-162*  
Date *DEC 31 1947*

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.

*No embalming*

Signed *Paul E. Hayes*  
Licensed Embalmer No. *4461*  
P. O. Address *S. Lelbina, 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.