

S. No. 2
 OM-543
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41265**

FILED JAN 12 1948

Registration District No. **78**

Primary Registration District No. **5368**

Registrar's No. **133**

1. PLACE OF DEATH:
 (a) County **Dawson**
 (b) City or town **Cobbley Mo.**
 (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 **10 years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO** (b) County **Dawson 31**
 (c) City or town **Cobbley** (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 **Francis Marion Herrm**
 3. (b) If veteran, name war
 3. (c) Social Security No. **499-20-1885**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **22** year **1947** hour **11** minute **15 A** M.
 21. I hereby certify that I attended the deceased from **1945**, 19____, to **Dec. 22, 1947**, 19____; that I last saw him alive on **Dec. 22, 1947**, 19____; 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 **married**
 6. (b) Name of husband or wife **Mabel Herrm**
 6. (c) Age of husband or wife if alive **61** years
 7. Birth date of deceased **July 24 1887** (Month) (Day) (Year)

Immediate cause of death:
Gangrene of left foot 2 mo.
Diabetes mellitus 5 yr.
 Due to _____
 Due to _____
 Other conditions **Hypertension**
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 **4** **28** hr. _____ min.

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **61**
 Underline the cause to which death should be charged statistically.

9. Birthplace **MO** (City, town, or county) (State or foreign country)
 10. Usual occupation **labor**

MOTHER, FATHER
 11. Industry or business _____
 12. Name **Evanholt Herrm**
 13. Birthplace **MO** (City, town, or county) (State or foreign country)
 14. Maiden name **Martha Herrm**
 15. Birthplace **MO** (City, town, or county) (State or foreign country)

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 **2**
 23. Signature **P. S. Baumgartner** (M. D. or other) **DO**
 Address **Cobbley Mo.** Date signed **7/24/47**

16. (a) Informant **Mrs. Mabel Herrm**
 (b) Address **Cobbley Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-24-47** (Month) (Day) (Year)
 (c) Place: burial or cremation **King city MO**
 18. (a) Signature of funeral director **W. Brown**
 (b) Address **Pattersonburg MO**
 19. (a) **30 Dec. 1947** (Date received local registrar) (b) **Kenneth Mengelhart** (Registrar's signature)

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

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**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Robert V. Dunham

....., Registered Apprentice No. *50*

working under my personal supervision.

Signed.....

G. Schorner

Licensed Embalmer No. *2857*

P. O. Address. *Pattonsburg 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.