

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JAN 30 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 21

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton 1221 N Vine St
(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 One Month
years, months or days

3. (a) PRINT FULL NAME Harriet Hillary Hebert
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: Dec 22 1947
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Callaway County Hospital
(City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER

12. Name Richard A. Hebert
 13. Birthplace Missouri
 14. Maiden name Edna Lee Jordan
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Richard A. Hebert
 (b) Address 1221 N. Vine St. Fulton, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-48
(Month) (Day) (Year)
 (c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director Wallace Funeral Home
 (b) Address 7 W 6th St. Fulton, Missouri
 19. (a) Jan 24 48 (b) Josie Morris Kluff
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (d) Street No. 1221 N. Vine St
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
 year 1948 hour 5 minute 00 A.M.
 21. I hereby certify that I attended the deceased from Birth 19 _____ to Death 19 _____
 that I last saw her alive on 1-21- 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
 Due to Strangulation on neck during sleep
 Due to Child found dead in crib
 Other conditions Prematurity - had low well sense birth
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Johy J. Brown (M. D. or other) MD
 Address Fulton Date signed 1-23-48

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

14
1
2

Date Filed JAN 29 1978

District File Number

District Health Officer No. 9

RECEIVED

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.....

Walter J. Haines, Jr......, Registered Apprentice No. 82
working under my personal supervision.

Signed Peniel C. Browning.....

Licensed Embalmer No. 2724.....

P. O. Address Bullton 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.