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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

Registration District No. 3 60

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 7604

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Cerrogordo

(b) City or town ~~Nevada~~ Twp

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

(c) Name of hospital or institution: State Hospital #2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs 8 mo 28 days (Specify whether years, months or days)

In this community 6 years 8 months 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ✓

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. City Sanitorium (If rural, give location)

(e) If foreign born, how long in U. S. A.? Hungary years

3. (a) PRINT FULL NAME WELLIE HERMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fem

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 85 Months ? Days ? If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown 9

13. Birthplace ✓ (City, town, or county) 1 (State or foreign country)

MOTHER

14. Maiden name Unknown 9

15. Birthplace ✓ (City, town, or county) 1 (State or foreign country)

16. (a) Informant Hospital records

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Dehringer Funeral Home

(b) Address Nevada Mo.

19. (a) 2-19-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day ✓ year 1948 hour 1 minute 20 p M.

21. I hereby certify that I attended the deceased from Oct 15 1947 to 2-5 1948 that I last saw her alive on 2-5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac-renal disease	
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. G. Hall (M. D. or other)

Address Nevada Mo Date signed 2-5-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-48-67
Date Filed 2-16-48

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 Vrob.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.