

FILED APR 14 1948

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Kirksville  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 500 W. Pierce /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)  
 In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Kirksville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 500 W. Pierce  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Helena Herbert

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

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Valentine Herbert  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased April 3 1865  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 0 4 hr. min.

9. Birthplace Arenzville Illinois /  
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

12. Name Joseph Bauyan

13. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

14. Maiden name Helena Cessionrod

15. Birthplace Germany 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ed. Herbert

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 4/9/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Dee Riley Funeral Home

(b) Address Kirksville, Mo.

19. (a) 4-8-48 (b) Nate Lambert  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7  
 year 1948 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from June 25, 1946  
 to April 7, 1948  
 that I last saw her alive on April 7, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs.  
 Due to Cardiovascular renal disease 15 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... B10  
 PHYSICIAN  
 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) Home  
 While at work?..... (e) Means of injury..... 2

23. Signature Howard E. Gross (M. D. or other A.O.)  
 Address Kirksville, Mo. Date signed 4-8-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 4-48-626  
Date Filed APR 12 1948

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 \_\_\_\_\_  
Jack L. Dooley, Registered Apprentice No. 222  
working under my personal supervision.

Signed \_\_\_\_\_

DEE Riley  
Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.