

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 72

1. PLACE OF DEATH:

(a) County... Lawrence
(b) City or town... Mt Vernon Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi. South West of Mt Vernon in Car.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 (Specify whether
In this community... Definite (years, months or days)

3. (a) PRINT FULL NAME Robert Elroy Herzer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 24 1945 (Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Springfield Missouri (City, town or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer Philip Herzer

13. Birthplace Mount Ida Arkansas (City, town or county) (State or foreign country)

14. Maiden name Sophia Ester Dalton

15. Birthplace Wilson Creek Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Elmer P. Herzer

(b) Address Stotts City, Mo.

17. (a) Burial (b) Date thereof Apr. 28 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Moore Cemetery Stotts City, Mo.

18. (a) Signature of funeral director Max J. Stewart

(b) Address Mt Vernon, Mo.

19. (a) 6-15-48 (b) Cecil Hendricks (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 2 minutes 50 P. M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Enteritis - Unknown Etiology. (Pt. was dead on arrival in my office)

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

Major findings: Of operations _____ Of autopsy _____

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) Means of injury _____

23. Signature Kenneth Glorin (M. D. or other) Address Mt Vernon, Mo Date signed 4/27/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 648-692

Date Filed JUN 15 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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Max S. Jonett

Licensed Embalmer No.....

4252

P. O. Address.....

W. W. W. Co.

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.