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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33434

Registration District No. 1 C

Primary Registration District No. 5-651

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Turnback hill Hy. 66 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 508 Lyon 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HENRY-HERN.

3. (b) If veteran, name war NV

3. (c) Social Security No. 1

4. Sex Male O

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace Howard Co. Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Missouri Utility Co.

11. Industry or business Columbia Mo.

FATHER
12. Name John Hern
13. Birthplace O.K. Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Meade
15. Birthplace OK Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Noah Buck

(b) Address 1204 Hinkson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-48 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Columbia

18. (a) Signature of funeral director Morris-Lemon

(b) Address Millen Mo.

19. (a) 10-18-48 (Date received local registrar) (b) W. S. Bussa (Registrar's signature) 15

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 15 year 1948 hour 7 minute 30 p. M.

21. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—; that I last saw h alive on after death, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck due to car wreck Driver of car

~~Due to~~ No other car involved No fixed object struck

Due to

Other conditions
(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) accident 55

(b) Date of occurrence Oct 15 1948

(c) Where did injury occur? Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place Hy-66
(Specify type of place)

While at work? (e) Means of injury car wreck

23. Signature Herman Surridge (M.D. or other) coroner 3

Address Marionville Mo Date signed 10/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1148-1244
Date Filed 11-5-48

NOV 8 1948

15 ACN

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 Paul V. Gouty, Registered Apprentice No. 236, working under my personal supervision.

Signed L. R. Leeman

Licensed Embalmer No. 3297

P. O. Address Miller 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.