

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28626

State File No. _____

Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Davisburg
(c) Name of hospital or institution: In La Due
(d) Length of stay: In hospital or institution 2
In this community 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town La Due
(d) Street No. In La Due
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary E. Herpe
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 29
year 1940 hour 4 minute 00 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Thomas R. Herpe
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 11 30 1851

21. I hereby certify that I attended the deceased from May 26, 1938, to Aug. 29, 1940
that I last saw her alive on Aug. 29, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 8 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis
Due to _____
Due to _____

9. Birthplace W Virginia
10. Usual occupation Housewife

Other conditions Arteriosclerosis
Major findings: _____
Of operations: _____
Of autopsy: _____

11. Industry or business _____
12. Name George Maich
13. Birthplace Virginia
14. Maiden name Calykita
15. Birthplace Virginia

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles H. Pine
(b) Address La Due Mo
17. (a) Burial (b) Date thereof 8 31 40
(c) Place: burial or cremation Beas Creek Cem
18. (a) Signature of funeral director Fred E. Wilkinson
(b) Address Clinton Mo
19. (a) 8-30-40 (b) W.E. Baggerly

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 317
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W.E. Baggerly (M. D. or other) _____
Address Montrase Mo Date signed 8-30-40

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

2

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1230

Date Filed 9-4-40

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.....

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

Signed Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 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, above space should be left blank.