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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25053
Registrar's No. 157

FILED AUG 9, 1943
Registration District No. 157

Primary Registration District No. 4217

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Urich mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Henry
(c) City or town Urich mo
(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 _____

3. (a) PRINT FULL NAME Sallie May Herrold
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 6
year 1943 hour 5 minute 20 A.M.
21. I hereby certify that I attended the deceased from June 24
1943 to July 6 1943
that I last saw her alive on July 6 1943
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W
6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Geo. C. Herrold. 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased May 12 1871
(Month) (Day) (Year)

Immediate cause of death Heart Insufficiency
Due to Unhygiene
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1
Major findings:
Of operations 1
Of autopsy 1

8. AGE: Years 72 Months 1 Days 24 If less than one day _____ hr. _____ min.
9. Birthplace Near Urich Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
928

10. Usual occupation Housewife
11. Industry or business _____
12. Name Frank Winkler
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bradford
15. Birthplace Henry Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant A. C. Herrold
(b) Address Urich mo
17. (a) Burial (b) Date thereof July 8 1943
(Burial, or method of disposal) (Month) (Day) (Year)
(c) Place: burial Urich Cemetery
18. (a) Signature of funeral director W. J. Brown
(b) Address Urich mo
19. (a) July 31, 1943 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 1
23. Signature J. W. Galbreath (M. D. or other)
Address Urich mo Date signed 7-7-43

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RECEIVED
District Health Officer No. 7,
District File Number 7-43-784
Date Filed 8-6-43

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 R. R. Kenney
Licensed Embalmer No. 3099
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, fact should be so stated above.