

S. No. 2
1-1/47
5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office
Vital Statistics
FILED APR 7 1947
Registration District No. 137

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3023

State File No. 8787
Registrar's No. 83

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bramm Mfg Co no 23
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 110 E Wilson St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH CLARENCE HERST
3. (b) If veteran, name war no
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1947 hour 2 minute 15 P. M.
21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.
Duration

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearldine Herst
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov 28 - 1884
(Month) (Day) (Year)

Immediate cause of death Burned to death
Due to immediate

8. AGE: Years 62 Months 2 Days 4
If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1811
Of autopsy 115
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

10. Usual occupation Farming
11. Industry or business
12. Name J. E. Herst
13. Birthplace Ill
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 4/2/47
(c) Where did injury occur? Clinton Henry Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place, or while at work? Industrial place (Bramm Mfg Co)
(Specify type of place) (e) Means of injury Fire
23. R. H. Heringworth (M. D. or other) Address Clinton Mo. Date signed 4/3/47

14. Maiden name Pearldine Harvey
15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Pearldine Herst
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 4-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consalus & Beck
(b) Address Clinton Mo
19. (a) 4-4-47 (b) R. H. Heringworth
(Date received local registrar) (Registrar's signature)

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RECEIVED
District Health Officer No. 7,
District File Number 3-47-377
Date Filed 4-7-47

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.