

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RUB MAR 12 1940

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

6840
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Acadia 3 Primary Registration District No. 55404 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 660 Mother Evangelina Herrera
Acadia College Acadia Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1867
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 1 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teaching
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Jan. 13 - 1940 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER 13. NAME John Herrera
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Catherine Whelen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT Rev. Mother Agness (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Acadia College Cemetery DATE June 15 1940

19. FUNERAL DIRECTOR Robert Richardson (ADDRESS) Ironton

20. FILED Mar-9 1940 Julia A. Hutton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1939, to Jan. 13 1940. I last saw her alive on Jan. 12 1940. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 1-12-40
Chronic myocarditis
Arterial sclerosis, general

Other contributory causes of importance:
Chronic myocarditis
Arterial sclerosis, general

Name of operation no Date of _____
 What test confirmed diagnosis? phys. ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ben W. Bull, M. D.
 (Address) Ironton, Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Paul K. Deugel, Farmington*
Licensed Embalmer No. *4120*

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.)