

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 10 1944
Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 122

Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution No (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SALINE 97
(c) City or town MARSHALL (If outside city or town limits, write "RURAL") 1
(d) Street No. 214 E Mitchell (If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Susanne Hering
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 24
year 1944 hour 3 minute 30 AM

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years
7. Birth date of deceased Nov 26 1943
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24 1944 to June 24 1944
that I last saw her alive on June 23 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
6 29 hr. min.

Immediate cause of death Scarlet Fever Duration 2 wks.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace MARSHALL MO (City, town, or county) (State or foreign country)
10. Usual occupation Child

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

11. Industry or business _____
12. Name ELMO R. Hering
13. Birthplace Dewey OKIA (City, town, or county) (State or foreign country)
14. Maiden name OPAL Fawnette Perkins
15. Birthplace Nelsain MO (City, town, or county) (State or foreign country)

16. (a) Informant E.R. Hering
(b) Address MARSHALL MO

17. (a) BURIAL (b) Date thereof June 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BLACK BURN MO

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 _____
23. Signature Robert Kennedy (M. D. or other) _____
Address Marshall Mo Date signed 7-5-44

18. (a) Signature of funeral director Dan Short
(b) Address MARSHALL MO
19. (a) 7-6-44 (b) Ernest O. Weathcock
(Date received local registrar) (Registrar's signature)

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

1
2

25822

1211

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-9-44

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 Donald W. Short
Licensed Embalmer No. 3757
P. O. Address Marshall 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.