

REC'D JUN 17 1938

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

19628

Do not use this space.

1. PLACE OF DEATH *Saline*  
(a) County *Saline* Registration District No. *799*  
(b) Township *State* Primary Registration District No. *4479*  
(c) City *State* (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 *Horace Herder* *636*  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX *Male*  
4. COLOR OF RACE *White*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Martha Jane Herder*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 4 - 1854*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*83 11 20*  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. *Retired*  
10. Date deceased last worked at this occupation (month and year) *Carder* 11. Total time (years) spent in this occupation  
*Hamilton Ohio*  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
13. NAME *Daniel Herder*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Genoa*  
15. MAIDEN NAME *Elizabeth Van Nest*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Genoa*  
17. INFORMANT (ADDRESS) *John O. Herder*  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *State City Cemetery May 6 - 38*  
19. FUNERAL DIRECTOR (ADDRESS) *Wm. J. Herder*  
20. FILED *May 38* 1938 *Wm. J. Herder* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4* 193822. I HEREBY CERTIFY, That I attended deceased from *May 1* to *May 4* 1938I last saw him alive on *May 7* 1938 Death is said to have occurred on the date stated above, at *8:45* m.

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

*Pneumonia left lobe.*Date of onset *5-2-38*

Other contributory causes of importance:

*Heart & Bronchitis*Name of operation *None* Date of *None*What test confirmed diagnosis? *Chinoid* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* 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 *None*Nature of injury *None*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *J. E. Leonard* M. D.709 (Address) *State Dico*

STATEMENT BY LICENSED EMBALMER

I, J. Jones, Licensed Embalmer No. 314

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Jones & Sage

J. E. Jones L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed J. E. Jones

Licensed Embalmer No. 314

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**