

REGD JAN 20 1939

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

3363  
Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 649  
 (b) Township Noble Primary Registration District No. 6286 Registered No. \_\_\_\_\_  
 (c) City Wesola MO. (d) Street No. \_\_\_\_\_  
 (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 Burney Bryan Herndon

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Herndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Marchant  
 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) December 31 38 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) Noble MO.  
 (STATE OR COUNTRY) Ozark County

FATHER 13. NAME Alonzo Herndon  
 14. BIRTHPLACE (CITY OR TOWN) Noble MO.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane Gaston  
 16. BIRTHPLACE (CITY OR TOWN) Almartha MO.  
 (STATE OR COUNTRY) Ozark County

17. INFORMANT Edith Herndon  
 (ADDRESS) Wesola MO

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Noble MO. DATE Jan 4/1939

19. FUNERAL DIRECTOR (NAME) C. B. McClure  
 (ADDRESS) Wesola MO

20. FILED 1/28 1939 Hattie H. Davis  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.

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

Died unattended during night, after part of night, from a heart attack  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 k. (Signed) C. A. Beach coroner, M. D.  
Elyah, Mo.

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.

**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.....

Denver Roller....., Registered Apprentice No.....  
working under my personal supervision.

Signed Denver Roller.....

Licensed Embalmer No. 4006.....

P. O. Address Mountain Home, Ark......

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

**If this body is not embalmed, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH  
 (a) County Ozark Registration District No. 649  
 (b) Township Noble Primary Registration District No. 6286 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 Burney Bryan Herndon  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
40 9 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. merchant  
 10. Date deceased last worked at this occupation (month and year) Dec 31 - 38  
 11. Total time (years) spent in this occupation 13

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Mo  
 13. NAME Alonzo Herndon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Mo

MOTHER  
 15. MAIDEN NAME Jane Gordon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albion Mo

17. INFORMANT (ADDRESS) Edith Herndon  
Noble Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Noble Mo DATE 1-4 1939

19. FUNERAL DIRECTOR O. B. McClure  
 (ADDRESS) Gainsville Mo

20. FILED 1-2 1939 Hattie G. Davis  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Dist. unattended during night from heart attack

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) O. U. Beach M.D.  
 (Address) Elijah \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

