. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5582

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 807

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2406 Paseo 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2406 Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: 616 Joe E. Herriford, Sr.

3. (b) If veteran, name war: None
3. (c) Social Security No.: No

4. Sex: M
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Callie Herriford
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: January 14, 1868 (Month) (Day) (Year)

8. AGE: Years 72 | Months 1 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Principal W. W. Yates School
11. Industry or business:

FATHER
12. Name: John Herriford
13. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Evelyn Gudgel
15. Birthplace: Chillicothe (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Callie Herriford
(b) Address: 2406 Paseo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia
19. (a) 2-22-40 (Date received local registrar) (b) Mo M. Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1940 hour 4 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feby 13 1940 to Feby 17 1940 that I last saw him alive on Feby 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Thrombosis — Duration
Due to: Diabetes
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: H. O. Pearl (M. D. or other)
Address: 1214 Vine Date signed 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 D D Watkins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

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, above space should be left blank.