V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1940

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10193

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 308½ Felix Street 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, 0
(If outside city or town limits write "RURAL")

(d) Street No. 308½ Felix
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John R. Herrington 652

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased About 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	55	-	-	..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

10. Usual occupation Broom maker and Salesman 1

11. Industry or business Blind Broom Factory

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Old Age Assistance Bd. 1
(b) Address 916 N. 6th. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Herman Wm. Zydenfadner
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) March 7, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 2 minute A M.

21. I hereby certify that I ~~attended~~ viewed the deceased from March 5, 1940 to ....., 19..;
that I last saw h..... ~~on~~ ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Mitral Insuffiency
Due to .....
Due to None. 92 W
Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None.

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? 85 (Specify type of place)
While at work? ..... (e) Means of injury 4

23. Signature B. W. Tadlock Coroner (M. D. or other)
Address King Hill Bldg. Date signed 3/5/40

(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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.