

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11205

Registration District No. 11205

Primary Registration District No. 6554

Registrar's No. 81

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kandep.  
(c) Name of hospital or institution:  
11101 E. 23rd.  
(d) Length of stay: In hospital or institution 47 Yrs.  
In this community 47 Yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Independence  
(d) Street No. 11101 E. 23rd.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Susie M. Herriman  
3. (b) If veteran, name war No. 3. (c) Social Security No. no  
4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Wallace Herriman 6. (c) Age of husband or wife if alive no years  
7. Birth date of deceased Sept. 25 1859

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 9<sup>th</sup> year 1940 hour no minute no  
21. I hereby certify that I attended the deceased from Nov. 10-39 to Mar. 9-40  
that I last saw her alive on Mar. 6-40 and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Malacia

8. AGE: Years 80 Months 5 Days 14 If less than one day no hr. no min.  
9. Birthplace Litchfield Ill.  
10. Usual occupation Home

Due to Arterio Sclerosis Duration 10 yr  
Due to Myocarditis 5 yr  
Other conditions 920  
Major findings: Of operations no  
Of autopsy no

11. Industry or business no  
12. Name Chas. M. Gillespi  
13. Birthplace Albany N.Y.  
14. Maiden name Mary Ann Brudon  
15. Birthplace Bristol Pa  
16. (a) Informant's own signature Jessie Herriman  
(b) Address 2007 E 23rd  
17. (a) Burial, cremation, or removal Burial (b) Date thereof March 11  
(c) Place: burial or cremation Wt Washington  
18. (a) Signature of funeral director W. L. Cook  
(b) Address 1500 Pinewood St. Mo  
19. (a) March 9, 1940 (b) W. L. Cook

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence no  
(c) Where did injury occur? (City or town) (County) (State) no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
While at work? (Specify type of place) (e) Means of injury no  
23. Signature W. L. Cook (M. D. or other) no  
Address 10307 Indep. Ave. Date signed 3-9-40

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

Rev. 5-17-39 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.

Rev. 5-17-39 N. B.—

10307 Inidave

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**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 Chas Wellis

Licensed Embalmer No. 2640

P. O. Address 1800 Linwood

**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.**