

Registration District No. 328 Primary Registration District No. 7017 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Prenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Prenton Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 906 E 8th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? all life years.

3. (a) PRINT FULL NAME Otto Heriford 116
3. (b) If veteran, name war _____ 3. (c) Social Security No. 715-05-4561

20. DATE OF DEATH: Month Apr day 7
year 1940 hour 9:10 am minute A M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 25 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from several years 19____ to 19____; that I last saw him _____ alive on April 7 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 10 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death Angina Pectoris
Due to _____
Due to _____

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

Other conditions Diabetes Mel (Include pregnancy within 3 months of death)

10. Usual occupation Railroader

11. Industry or business _____

12. Name W. J. Heriford
13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Lyla Simmons
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Heriford
(b) Address East 8th Court

17. (a) Burial (b) Date thereof 4-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Prenton Mo

18. (a) Signature of funeral director Shasby
(b) Address Prenton Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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? 300
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. A. Duffly (M. D. or other) !
Address Prenton Mo Date signed 4/10/40

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

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

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 W Gypsa

Licensed Embalmer No.

3109

P. O. Address.....

Trenton

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 14962

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Otto Herford

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

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

8. AGE: Years Months Days If less than one day
62 10 18 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name (City, town, or county) (State or foreign country)

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

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director (b) Address

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 9 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy

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

23. Signature E. A. Duffley (M. D. or other) Address Trenton

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

SUPPLEMENTARY

S-14962