

JUL 15 1940

1. PLACE OF DEATH:
 (a) County MONROE
 (b) City or town RURAL - JACKSON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6 MI SW OF PARIS
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 40 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County MONROE
 (c) City or town 6 MI S.W. OF PARIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. RURAL (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME SAMUEL TILDEN HERNDON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month MAY day 26 year 1940 hour 10 minute 25 A. M.

4. Sex MALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ANNIE L. HERNDON
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased JULY 9 1874
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis 3 Days

8. AGE: Years 65 Months 10 Days 17 If less than one day _____ hr. _____ min.

Duration _____
 Due to _____
 Due to _____
 Other conditions arterio-sclerosis
 (Include pregnancy within 3 months of death)

9. Birthplace MONROE Co., Mo. R.
 (City, town, or county) (State or foreign country)
 10. Usual occupation FARMER
 11. Industry or business _____
 12. Name Y.M. HERNDON
 13. Birthplace N.K.
 (City, town, or county) (State or foreign country)
 14. Maiden name FIRST NAME MR. YENNY
 15. Birthplace N.K.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Grace L. Herndon
 (b) Address PARIS, MO.
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 28 1940
 (Month) (Day) (Year)
 (c) Place: burial or cremation WALNUT GROVE
 18. (a) Signature of funeral director Speed Tolshy
 (b) Address PARIS, MO.
 19. (a) MAY 26 1940 (b) R. A. Barnett, Jr.
 (Date received local registrar) (Registrar's signature)

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? _____
 910 (Specify type of place) _____
 While at work _____ Means of injury _____
 23. Signature Geo M. Karpille (M. D. or other) _____
 Address PARIS, MO. Date signed 5/26/40

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

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.

RECEIVED

District Health Officer No. 10

District File Number 7-40-1403

Date Filed JUL 11 1940

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.