

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

294

Primary Registration District No.

4178

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town St. Clair  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Petta Joan Herndon

8. (b) If veteran, > name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race W 6. (a). Single, widowed, married Single  
divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased 9-10- 1934  
(Month) (Day) (Year)

8. AGE: Years 5 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union R # 2 Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at-home

11. Industry or business none

12. Name Ivan J Herndon

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

14. Maiden name Thelma Logan

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

16. (a) Informant Sherrill Herndon

(b) Address Union Mo

17. (a) Burial (b) Date thereof 9-7-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair

18. (a) Signature of funeral director Sherrill Mitchell

(b) Address St. Clair 2210

19. (a) \_\_\_\_\_ (b) H. H. Duckworth  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town St. Clair Mo  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1940 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 4 1940 to Aug 15 1940  
that I last saw her alive on Aug 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis  
non-Epidemic  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Malaria fever  
(Include pregnancy within 3 months of death) unspecified form

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 W. E. Pritchard (M. D. or other) \_\_\_\_\_

Address St. Clair Mo Date signed 8/2/40

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

560

**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.....

*Shirley Mitchell*

Licensed Embalmer No.....

*3873*

P. O. Address.....

*St. Clair, 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.