

Registration District No. **578**

Primary Registration District No. **5354**

Registrar's No. **237**

**FILED OCT 18 1940**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Independence (Rural)**  
(c) Name of hospital or institution:  
(Home) **2264 Sterling**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community **14 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jacob Hershey**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Alice Hershey** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Jan. 22 1861**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **8** If less than one day hr. min.

9. Birthplace **Salt Lake City Utah 1**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired 2**

11. Industry or business **Farmer 1**

12. Name **Henry Hershey**  
13. Birthplace **No Record Canada**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Good**  
15. Birthplace **No Record Penn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank J Hershey**  
(b) Address **2264 Sterling Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 2, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mound Grove**

18. (a) Signature of funeral director **Henry W. Stahl**  
(b) Address **815 W. Maple Ave.**

19. (a) **Oct 2, 1940** (b) **L. L. Cook**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2264 Sterling**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **30**  
year **1940** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Apr. 20**  
**1935** to **Sept. 30, 1940**  
that I last saw him alive on **Sept. 29, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Prostate**  
Duration **5 yrs**

Due to **-**

Due to **- 51**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of Prostate**  
Of autopsy

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?  
**360** (Specify type of place) While at work? (a) Means of injury

23. Signature **Chas. G. ...** (M. D. or other) **1**  
Address **Independence, Mo.** Date signed **10/1/40**

**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 *Henry W. Stahl*

Licensed Embalmer No. *3181*

P. O. Address *Independence*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**