

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35619

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 420
 (b) Township De Soto Primary Registration District No. 3022 Registered No. 77
 (c) City De Soto (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Louis H. Herrold St. (If nonresident, give city or town and State)
De Soto, Mo. St 1
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Herrold
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1850
 7. AGE YEARS 90 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Valley Mines, Mo.
 (STATE OR COUNTRY) Missouri

13. NAME Issac H. Herrold

14. BIRTHPLACE (CITY OR TOWN) France
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

17. INFORMANT Louis Herrold
 (ADDRESS) Stat. River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Oct. 11, 1940

19. FUNERAL DIRECTOR (NAME) C. Z. Boyer
 (ADDRESS) Dodge, Mo.

20. FILED Geneva Donnell
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1940, to Oct 9, 1940

I last saw him alive on Oct 8, 1940 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Hypertension
Corio-vascular failure

Date of onset

Other contributory causes of importance: 181

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. E. Pierce M. D.

(Address) De Soto, Mo.

STATEMENT BY LICENSED EMBALMER

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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 *C. Z. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *Delaware 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.

2-21-40
X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35-619

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Desoto
(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____)

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 Louis H. Henroid

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 9 year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: _____ (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 _____

8. AGE: Years 90 Months 7 Days 5 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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

10. Usual occupation _____

Major findings: _____
Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

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 _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

23. Signature P. E. Pierce (M. D. or other) _____

Address Desoto Mo Date signed _____

19. (a) 12-16-40 (b) Jeneta Donnell
(Date received local registrar) (Registrar's signature)

SUPPLEMENTAL

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

