

APR 4 1941
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **81**

024
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Col. Boone**
 (a) County **Col. Boone**
 (b) City or town **Columbia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None!**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None!**
 In this community **45 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **EMMETT HERNDON**

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **1-29-1896**
(Month) (Day) (Year)

8. AGE: Years **45** Months **1** Days **23** If less than one day hr. _____ min. _____

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Charlie Herndon**

13. Birthplace **Boone Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lannie Jackson**

15. Birthplace **Boone Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charlie Herndon**

(b) Address **Columbia Missouri**

17. (a) **Burial** (b) Date thereof **3-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stuart O. Parker**

(b) Address **Columbia Missouri**

19. (a) **3/26/41** (b) **Allie Selby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Boone** **10**
 (c) City or town **Columbia**
 (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 **3** day **22**
year **1941** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
 Due to **Stab Wounds - Heart**
Liver & Intestines
(Hemopericardium)
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy **Stab Wounds**
(Hemopericardium)

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? **74**

While at work? **No** (Specify type of place)
 (e) Means of injury **Stab Wounds**
(Chamber) **3**
 23. Signature **Marvin McLean** (M.D. or other) _____
 Address **Columbia Mo Boone Co.** Date signed **3/26/41**

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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

Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia M.

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, fact should be so stated above.

S-10034

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.