No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17916

Registration District No. 337 Primary Registration District No. 4200 Registrar's No. 6

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Eagleville
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Eagleville 0
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph W. Herrin
3. (b) If veteran, name war none
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Wilcoxen
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
62	xx	28	hr. min.

9. Birthplace Bethany (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Cement and brick
FATHER
12. Name Joseph Herrin
13. Birthplace Bunbar, Pennsylvania / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nellie Westlake
15. Birthplace Unk. - - - - / Pa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joseph Herrin
(b) Address Eagleville, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Eagleville Mo
18. (a) Signature of funeral director J. P. Ragan
(b) Address Ridgeway, Missouri
19. (a) May, 15, 1941 (Date received local registrar) (b) Marie Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 2: 30 p. minute ..... M.

21. I hereby certify that I attended the deceased from May 10 1941, 19..., to May 13, 1941;
that I last saw him alive on May 13, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma of liver & bile-ducts, Stomach & ascending	2 mo.
Due to Colon - due to Primary	
Due to Carcinoma of Prostate	8 mo.
Other conditions ✓ (Include pregnancy within 3 months of death)	

51 b

Major findings:
Of operations ✓
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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature C. W. McCartney D.O. (M.D. or other)
Address Eagleville, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 2026

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.