

FILED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

31677

Registration District No. 1400

Primary Registration District No. 5-5-5-12

Registrar's No. 141

1. PLACE OF DEATH

- (a) County Jackson
(b) City or town Lee's Summit 21
(c) Name of hospital or institution Residence
(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)

25 yrs -3. (a) PRINT
FULL NAMEJosephine Herron

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female

5. Color or
race White

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

6. (b) Name of husband or wife
Hiram M. Herron

6. (c) Age of husband or wife if
alive 14 years 1976

7. Birth date of deceased June
(Month)

- (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65318

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Geo. Henry Groh

13. Birthplace

Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Anna Thrasher

15. Birthplace

Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Helen Holland

(b) Address

Plumant Hill Mo.

17. (a) Burial
(Burial, cremation, or removal)

- (b) Date thereof

9-5-1941
(Month) (Day) (Year)

- (c) Place: burial or cremation

Bolton Mo.

18. (a) Signature of funeral director

Fields Funeral Home

- (b) Address

Lee's Summit Mo.

19. (a) 9-5-41
(Date received local registrar)

- (b) Sarah E. Chase
(Registrar's signature)

- (c) 9-3-41
(Date signed)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1941 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from
2-14 to 8-3 1941
that I last saw her alive on 8-2 1941
and that death occurred on the date and hour stated above.

- Immediate cause of death Ca left ear
abscess from
Due to extension of Ca

- Due to 53
Other conditions
(Include pregnancy within 3 months of death)

- Major findings: abs left frontal
Of operations Ca
Of autopsy abscess left frontal
Ca left ear (epistyle)

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 Sarah E. Chase (M.D. or other)

- Address Lee's Summit Date signed 9-3-41

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *P. C. Fields*

Licensed Embalmer No. *2957*

P. O. Address *Lees Summit 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, fact should be so stated above.