

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3219 So. Benton
(d) Length of stay: In hospital or institution 25 Yrs.
In this community 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3219 So. Benton
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Franklin P. Herrold
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11-17-41 day 17-41
year hour minute 5 P.M.

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Herrold
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec. 7 1853

21. I hereby certify that I attended the deceased from 19 to 19
that I performed the duties of a Deputy Coroner
and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 11 Days 10
If less than one day hr. min.

Immediate cause of death
Acute Pulmonary Edema
Cerebral Sclerosis
Chronic Myocarditis
Other conditions: 93A
(Include pregnancy within 3 months of death)

9. Birthplace Athens Ohio
10. Usual occupation Retired Salesman

PHYSICIAN
Major findings:
Of operations
Of autopsy

MOTHER FATHER
11. Industry or business
12. Name Jacob Herrold
13. Birthplace Harrisburg Pa.
14. Maiden name Sarah Winturn
15. Birthplace West Virginia

16. (a) Informant Margaret Herrold
(b) Address 3219 So. Benton

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Removal (b) Date thereof Nov. 19-41
(c) Place: burial or cremation Westville Indiana

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

While at work (Specify type of place)
(e) Means of injury

19. (a) 11-18-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature Russell D. ...
Address Date signed

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

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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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Fenwood

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.