

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1251
Registrar's No. 390

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours (Specify whether
In this community 12 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City - 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 5:00 P.M.
Jan. 28 1942 to Jan. 28 1942
that I last saw him alive on 5:00 P.M. 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Subarachnoid hemorrhage
Partial atelectasis

Due to _____
Due to 160 W
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Same as above
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 Druey R. Hood (M. D. or other)
Address _____ Date signed _____

3. (a) PRINT FULL NAME Herrin, Infant (male)

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

4. Sex M. 5. Color or race W. 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: Jan 28 1942
(Month) (Day) (Year)

8. AGE: Years 12 hrs Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation None

11. Industry or business HERRIN

12. Name Charles Herrin

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

14. Maiden name Margaret Herrin

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

16. (a) Informant A. V. Perry

(b) Address #310 Thompson

17. (a) Removal (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callao Mo

18. (a) Signature of funeral director Walter M. Crow

(b) Address 1128 1/2 S. 12th

19. (a) 1/28/42 (b) W. M. Crow
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *J. P. [Signature]*

Registered Apprentice No. *3226*

working under my personal supervision.

Signed *Shirley [Signature]*

Licensed Embalmer No. *3226*

P. O. Address *6606 [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.