V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

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2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11019

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 904 West 3rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. 904 West 3rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alan Herrod

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex M. 0
5. Color or race W.
6. (a) ~~Single~~ widowed ~~married~~ divorced Wid. 2
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 12, 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 4 England (State or foreign country)
10. Usual occupation Groceryman
11. Industry or business .....

FATHER
12. Name John Herrod
13. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Spick
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Dau. Helen Herrod
(b) Address Webb City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Mo.
19. (a) Mar. 16, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from January 20, 1941, to March 10, 1942 that I last saw him alive on March 10, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3-3-42
Due to Cardio-Vascular-Renal Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None.
Of autopsy None.

131a

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 [signature] (M. D. or other) MP
Address Joplin Date signed 3/17/42

1180

(Licensed Embalmer's Statement on Reverse Side)

42-3-296

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.