

FILED MAY 6 1942

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 454

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1215 N. 2nd Street, /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 69 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
 (d) Street No. 1215 N. 2nd St. 7
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Conrad Herner

3. (b) If veteran, name war None 3. (c) Social Security No. 491-09-2857

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
 year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/19 1938, to 5/7 1942
 that I last saw him 1 hr alive on 5/1 1942
 and that death occurred on the date and hour stated above.

4. Sex Male / 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ida R. Herner
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased December 3 1872
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion 1 hr. Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

Due to arterio-sclerosis (gen.) many yrs
 Due to 516

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

Other conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)

10. Usual occupation Catalogue Man
 11. Industry or business Wyeth Hardware Co.

Major findings: Of operations Ca. of prostate PHYSICIAN _____
 Of autopsy none Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Joseph Herner
 13. Birthplace Alsace Lorraine France
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Dahnacker
 15. Birthplace Columbus Ohio.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Ida R. Herner
 (b) Address 1215 N. 2nd St. St. Joseph, Mo.
 17. (a) Burial (b) Date thereof May 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet Cemetery.

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature G. T. Bloomer M.D. M. D. or other _____
 Address 1218 N. 3rd St. Date signed 5/2/42

18. (a) Signature of funeral director Herbert W. Sudekum
 (b) Address 1802 Union St. St. Joseph, Mo.
 19. (a) 4-4-42 (b) Rae Heying
(Date received local registrar) (Registrar's signature)

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

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1
7

MAY 14 1942

JUN 26 1942

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 *Albert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.

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