S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13875

State File No.

FILED MAY 21 1942

Registration District No. 1 84

Primary Registration District No. 3008

Registrar's No. 157

14
1
2

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 4

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 909 NICHOLS 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD WILLIAM HERNDON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ANNIE GILKEY

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased OCT. (Month) 10 (Day) 1877 (Year)

8. AGE: Years 64 Months 7 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RETIRED FUNERAL DIRECTOR

11. Industry or business

FATHER
12. Name EDWARD HERNDON
13. Birthplace CALLAWAY CO. (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name HARRIETT FANT
15. Birthplace CALLAWAY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS MARVIN MOORE
(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation FULTON, HILL-CREST

18. (a) Signature of funeral director Glen J. Maupin
(b) Address 700 Court St. Fulton, Mo

19. (a) 5-15-1942 (Date received local registrar) (b) Josie Mossinkhoff (Registrar's signature)

1141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....;
that I last saw him ~~alive~~ dead on May 13th 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death natural causes from a heart trouble from which he had been a chronic

Due to Sufferer for several years prior to death - died at home

Due to with his wife by his side. dying suddenly.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

93

Duration

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no, (e) Means of injury none,

23. Signature J. W. Holman Coroner (M. D. or other)
Address 8-E. 8th ST. FULTON, Mo. Date signed 5-13-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1942

1942

MAY 23 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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.