

11831

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 23 1942

Registration District No. 496

Primary Registration District No. 3025

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Brookfield
(If outside city or town limits write "RURAL")
(d) Street No. 305 W Clayton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Fannie Francis Herndon

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race N
6. (a) Single, widowed, married, Widowed
divorced _____

6. (b) Name of husband or wife Willis Herndon 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Aug 8 1917
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Fannie Francis Herndon

(b) Address Brookfield Mo

17. (a) Burial (b) Date thereof May 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo

18. (a) Signature of funeral director James Bowden

(b) Address Brookfield Mo

19. (a) MAY-4-1942 (b) W. W. Curran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from April 27 1942
to April 27 1942
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute Interstitial Nephritis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature R. P. Daley (M. D. or other) _____

Address Brookfield Date signed 5/4/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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..... *James B McCalland*.....
Licensed Embalmer No. *4230*.....
P. O. Address..... *Brookfield, 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, above space should be left blank.