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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27422

Registration District No. 455 Primary Registration District No. 3127 Registrar's No. 62

**1. PLACE OF DEATH:**

(a) County Jasper 49
(b) City or town Webb City 6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 916 N. Main 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 72 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 916 N. Main 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Wright Herriford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lettia Herriford 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 11 (Day) 1870 (Year)

8. AGE: Years 72 Months 2 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Restaurant

11. Industry or business " Business

FATHER
12. Name Hampton Herriford
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Jenkins
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lettia Herriford
(b) Address 916 N. Main St Webb City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville

18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City Mo

19. (a) Aug. 27, 1942 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 26 year 1942 hour 12 45 minute A M.

21. I hereby certify that I attended the deceased from Dec 14-41, 19..., to Aug 26 1942 that I last saw him alive on Aug 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations .....
Of autopsy .....

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) .....
(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)
Address Webb City, Mo Date signed 8/27/42

1180 (Licensed Embalmer's Statement on Reverse Side)

42.8-707

## 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 A. K. Mills

Licensed Embalmer No. 347

P. O. Address Kansas City, 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.**