

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 21 1943

Registration District No. 12

Primary Registration District No. 5289

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North N.C. Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.P. # 8  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.P. # 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EARNEST ALVIN HERRINGTON

3. (b) If veteran, name war World War # I 3. (c) Social Security No. 487-07-4041

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Herrington 6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased March 8 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Meat Cutter

11. Industry or business Kahn Meat Market

MOTHER FATHER  
12. Name Don't know  
13. Birthplace Don't know  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Herrington

(b) Address R.P. # 8 North N.C. Mo.

17. (a) Burial (b) Date thereof 3/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Floral Hills Care

18. (a) John E. Houston Funeral Home  
(b) Address North Kansas City Mo.

19. (a) Mar 8 - 43 (b) Ruth H. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th  
year 1943 hour 2:00 minute 4 M.

21. I hereby certify that I attended the deceased from March 6  
DOA 1943, 1943 to March 6th, 1943;  
that I last saw him alive on March 6th, DOA 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Choro.  
Dura + left Ventricular failure  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. S. Pato (M. D. or other) MD  
Address North Kansas City Mo. signed 3/6/43

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

RECEIVED

Health Officer No. 8,

Case No. Number

Filed 4-26-43

APR 22 1943

AUG 18 1944

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 *Leon E. Hodges*

Licensed Embalmer No. *2729*

P. O. Address *North K.C. 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.