S. No. 2
M—5-42
5-17-39
I X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

Registration District No. 524

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26255

Primary Registration District No. 3072

Registrar's No. 151

97
1
2

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 E High
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 15 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 117 E High
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DANIAL HERIDER

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

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rhoda Herider
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Sept - 7 - 1875
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	22	hr. min.

9. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: carpenter
11. Industry or business:

FATHER
12. Name: Horace Harry Herider
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Janet
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Rhoda Herider
(b) Address: Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater Mo.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall Mo
19. (a) 7-30-43 (Date received local registrar) (b) Mrs T. O. Weelhouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1943 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 1941 to July 29, 1943 that I last saw him alive on July 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalomalacia
Due to: L. Cerebral Hemorrhage
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: JBC
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: 2

23. Signature: Geo. T. Nickles (M. D. or other) DO
Address: Marshall Mo Date signed 7/30/43

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 8-10-43

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 Harry Hershberger, Registered Apprentice No. 334, working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.