

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 15, 1944

Registration District No.

Primary Registration District No. 4016

Registrar's No. 42

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

1. PLACE OF DEATH:

3 (a) County Athchison

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

1 (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 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter W. Herridge

3. (b) If veteran, name war no

3. (c) Social Security No. --

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Beryle Baublets 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 6 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>5</u>hr.min.

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

10. Usual occupation Retd merchant

11. Industry or business

12. Name Walter Herridge

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

14. Maiden name Nancy Graves

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

16. (a) Informant Mrs. W.W. Herridge

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof 12/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) Jan 14 43 (b) Miss H. O. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 11
year 1943 hour 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from Aug 24, 1943 to Dec 11, 1943.
that I last saw him alive on Dec 11, 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis and Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: 8201

Of operations

Of autopsy

Duration

1 hour

34 years

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)

(e) Means of injury ✓

23. Signature D. O. Haskell (M. D. or other) Med

Address Tarkio Mo Date signed 12/20/43

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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..... *John M. Davis*.....
Licensed Embalmer No..... 2394.....
P. O. Address..... Tarkio, 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.