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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1454**
Registrar's No. **167**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3300 Michigan Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3300 Michigan** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **ELMER R. HERRING**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **499 09 1569**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **11th** year **1944** hour **9** minute **40** P.M.

4. Sex **M** **5. Color or race** **wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Verna Herring**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **March 6th 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 16** 19**42** to **Jan 11** 19**44**
that I last saw him alive on **January 8** 19**44**
and that death occurred on the day and hour stated above.

8. AGE: Years **51** Months **8** Days **5** If less than one day hr. min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Glass Glazier**

Immediate cause of death **acute left ventricular failure** Duration **1 day**
Due to **acute valvular heart disease (stenosis and regurgitation)** **2 years**
Due to **Rheumatic valvular disease** **3 years**
Other conditions **Chorea**
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name **Rubin Herring**
13. Birthplace **Missouri** (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 **Mrs Verna Herring**
(b) Address **3300 Michigan**
17. (a) Burial (b) Date thereof **Jan 14th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cem Eylar Funeral Home**
18. (a) Signature of funeral director **Eylar Funeral Home**
(b) Address **1800 Linwood Blvd**
19. (a) Jan 12 1944 (b) **J E Brown**
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place) (e) Means of injury _____
23. Signature **Graham Asher** (M. D. or other) **W. D.**
Address **1220 Prof. Bldg** Date signed **1-12-44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

FEB 16 1974

DR. Graham Asher
Prof Bg
V15 231

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 Chas E. Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Linwood

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.