

U.S. No. 2  
FORM 5-43  
Rev. 5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1945

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1177**  
Registrar's No. **5371**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Northeast Hosp.**  
(d) Length of stay: In hospital or institution **2 Days**  
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **6238 Peery Ave.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Otis Ray Herald**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife  
(c) Age of husband or wife if alive

7. Birth date of deceased **Aug. 24 1933**  
8. AGE: Years **11** Months **4** Days **5**

9. Birthplace **Kansas City, Missouri**  
10. Usual occupation **School Boy**

11. Industry or business  
12. Name **George Herald**  
13. Birthplace **Missouri**  
14. Maiden name **Stacie Garinger**  
15. Birthplace **Missouri**

16. (a) Informant **George Herald**  
(b) Address **6238 Peery Ave.**  
17. (a) **Burial** (b) Date thereof **1/1/45**  
(c) Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **Earp Funeral Home**  
(b) Address **4139 East 15th. St.**  
19. (a) **12-31-44** (b) **D. E. Brown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** day **29**  
year **1944** hour **3:05** minute **1** M.  
21. I hereby certify that I attended the deceased from **Coroner**  
that I last saw h. **Coroner** alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Automobile Traumatism**  
Due to \_\_\_\_\_  
Due to **alto + boy sliding on ice on street**  
Other conditions **on ice on street**  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **History + Inspection**  
Of operations \_\_\_\_\_  
Of autopsy **no**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident 123**  
(b) Date of occurrence **12-27-1944**  
(c) Where did injury occur? **620 Peery St. 15th. Jackson Mo**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**  
While at work? **no** (e) Means of injury **auto**  
23. Signature **James Walker** (M. D. or other) **Coroner**  
Address **1424 Peery Ave** Date signed **12-29-44**

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

MOTHER FATHER

361

---

---

**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 J. Camp*  
.....  
Licensed Embalmer No. *19955*  
P. O. Address *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.**