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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1945

Registration District No. 9034

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 10114

Registrar's No. 56

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline
(If outside city or town limits, write "RURAL" and name of township)
(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 ____ (Specify whether years, months or days)
In this community: 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn
(c) City or town: Marceline
(If outside city or town limits, write "RURAL")
(d) Street No.: 303 W. Santa Fe
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: William Albert Herbert
3. (b) If veteran, name war: –
3. (c) Social Security No.: –
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Harriette W Herbert
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: April (Month) 12 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
92	10	8	____ hr. ____ min.

9. Birthplace: Breckenridge Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Livery Business
11. Industry or business: Retired
FATHER
12. Name: Edmund Herbert
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Bennett
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Clarence W. Herbert
(b) Address: Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet
18. (a) Signature of funeral director: James M Laughlin
(b) Address: Marceline Mo
19. (a) 3/21/45 (Date received local registrar) (b) P. H. Patrick M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1945 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feby 8 1945 to Feby 20 1945 that I last saw him alive on Feby 20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis Insufficiency — Duration
Due to: General Arteriosclerosis
Due to: Senility
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 0
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
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: 0

23. Signature: P. H. Patrick (M. D. or other)
Address: Marceline, Mo Date signed: 3/21/45

1350 (Licensed Embalmer's Statement on Reverse Side)

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

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.....Dale Bunch.....

Licensed Embalmer No.....4088.....

P. O. Address.....Marceline 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.