S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38805

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 167

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada Rural Wash Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME FRANK-HERD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race wh.

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov (Month) 12 (Day), 1875 (Year)

8. AGE: Years 69 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Johnson County Mo (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name William E. Herd
13. Birthplace unknown Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Shumate
15. Birthplace unknown North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp 3
(b) Address Nevada Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada Mo.

19. (a) Nov 18-45 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1945 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov 5, 1945 to Nov 7, 1945 that I last saw him alive on Nov 6, 1945 and that death occurred on the date and hour stated above. Nov 7 viewed remains

Immediate cause of death Cardio-Vascular

Due to Renal Disease

Due to Arteriosclerosis

Other conditions none Mental Deficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration do not know

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) No!
(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

23. Signature Paul L. Barone (M. D. or other)
Address State Hosp No 3 Date signed Nov 7 1945

1449 (Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
Clerk [illegible] Officer No 7,
District [illegible] 11-45-1202
Date Filed 12-10-45

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 Mark Eichinger

Licensed Embalmer No. 2056

P. O. Address Neeraday 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.