

FILED FEB 7 1946

Registration District No. **171**

Primary Registration District No. **5638**

Registrar's No. **-4-**

1. PLACE OF DEATH:
 (a) County **Lafayette**
 (b) City or town **Rural Sniabar Twms.**
(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 **50 Yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Isaac Newton Herold**
 3. (b) If veteran, name war: **---**
 3. (c) Social Security No. **---**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ella Herold**
 6. (c) Age of husband or wife if alive **80** years
 7. Birth date of deceased **July 18 185**
(Month) (Day) (Year)

8. AGE: Years **88** Months **5** Days **22**
 If less than one day hr. min.

9. Birthplace **W. Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 12. Name **Andrew Herold**
 13. Birthplace **Pa.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Meria Sebort**
 15. Birthplace **Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Herold**
 (b) Address **Bates City, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 12, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bates City, Mo.**

18. (a) Signature of funeral director **Husman-Sparks**
 (b) Address **Odessa, Mo.**

19. (a) **Feb 7 - '46** (b) **Latta**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lafayette**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4 Mile South of Bates City**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Jan** day **10**
 year **1946** hour **6** minute **15** A. M.

21. I hereby certify that I attended the deceased from **Aug 10 1945**
 to **Jan 8 1946**
 that I last saw him alive on **Jan 8**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Endarteritis**
Senility & failing
Heart
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations
 Of autopsy **722**

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? **R. C. Bradley** Means of injury
 23. Signature **R. C. Bradley** (M.D. or other)
 Address **Odessa, Mo.** Date signed **1/14/46**

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

1466

RECEIVED

District Health Officer No. 8,

Date of Embalming

2-5-46

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.....

W. T. Sparks

....., Registered Apprentice No. 305

working under my personal supervision.

Signed.....

Irving L. Husman

Licensed Embalmer No. 2541

P. O. Address..... Odessa, 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.