

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED MAR 15 1948 STANDARD CERTIFICATE OF DEATH

State File No. 6490

Registration District No. 210

Primary Registration District No. 0773

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Rural Morgan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 13 years
years, months or days

3. (a) PRINT FULL NAME Charles Almond Heriford
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ALICE HERIFORD
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 28, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days I
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Mo. 1

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Thomas Heriford

13. Birthplace _____
(City, town, or county) (State or foreign country) Mo. 1

14. Maiden name Dilly Drees

15. Birthplace _____
(City, town, or county) (State or foreign country) Ohio 1

16. (a) Informant's own signature May Dorel Taylor

(b) Address 1024 S Main St

17. (a) Centerville (b) Date thereof Iowa 31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farley Cemetery

18. (a) Signature of funeral director D. O. Dumble

(b) Address Lineville Iowa

19. (a) 5-15-46 (b) Evan Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 29
year 1946 hour 12 minute PM

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____ 1946
and that death occurred on the date and hour stated above _____
Immediate cause of death _____

Due to Chronic Bright's Disease
arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None

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 _____ (Specify type of place)
(a) Means of injury _____

23. Signature D. J. M. Bell (M. D. or other) _____

Address Regenton Mo Date signed 11-29-46

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER: FATHER:

PHYSICIAN
Underline the cause to which death should be charged statistically

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

James Greenlee

Licensed Embalmer No. 2.....

3967

P. O. Address.....

Fineville 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, above space should be left blank.