

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10016
Registrar's No. 79

Registration District No. 285

Primary Registration District No. 3039

8
2
1

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

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: 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 47 years 6 months years, months or days)

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. Chestnut & Crocker
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Robert Herndon
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1946 hour 2 minute _____ P.M.
 21. I hereby certify that I attended the deceased John from 1943 to Mar 1, 1946
 that I last saw John alive on March 1, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Uremia Duration _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ella Barbara Trent Herndon 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Sept 10 1865
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Warehouse Clerk

11. Industry or business Santa Fe R.R.

12. Name Samuel Herndon

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

14. Maiden name Unknown

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

16. (a) Informant Cornie Herndon

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof March 8 1946
 (Burial, cremation, or removal) (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) 3-5-46 (b) W. E. Shelton
 (Date received local registrar) (Registrar's signature)

Due to Chronic Hepatitis
Prostatic Hypertrophy
 Other conditions _____ (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy 12/15

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 _____
 (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 W. E. Shelton (M. D. or other) _____
 Address Marceline Mo Date signed _____

164

(Licensed Embalmer's Statement on Reverse Side)

8942

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 M*.....

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.