

S. No. 2
M-5-43
5-17-39
I X35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33588**
4228
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2032 Cypress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **87 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **5-3**
(If outside city or town limits, write "RURAL")
(d) Street No. **2032 Cypress** **8**
(If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE WASHINGTON HERRON**
(b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **5th**
year **1946** hour **10** minute **am.**
21. I hereby certify that I attended the deceased from **July 5**
1945, to **Oct 5**, 19**46**
that I last saw him alive on **Sept 28**, 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Josephine (Deceased)** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **September 22nd - 1859**
(Month) (Day) (Year)

Immediate cause of death **Coronary occlusion.** Duration **few min**
Due to **arteriosclerosis** **3 yrs**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy **94a**

8. AGE: Years **87** Months **0** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **St. Charles Co., Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Retired Farmer**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name **Joseph Herron**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **George M. Herron**
(b) Address **2032 Cypress, Kansas City, Mo.**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 8, 1946** (Month) (Day) (Year)
(c) Place: burial or cremation **Salem, Missouri**
18. (a) Signature of funeral director **Geo. C. Carson**
(b) Address **Independence, Missouri**
19. (a) **10-7-46** (Date received local registrar) (b) **Geraldine Holme** (Registrar's signature)

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) (e) Means of injury **20**
23. Signature **J. E. Schoen** (M. D. or other) **D.O.**
Address **243 Werby Bldg** Date signed **10-7-46**

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

35410

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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.