

Registration District No. **68**

Primary Registration District No. **4119**

Registrar's No. **53**

**1. PLACE OF DEATH:**

(a) County **Christian**  
(b) City or town **Clark Mo**  
(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) **1**

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community **40 yrs** years, months or days)

3. (a) PRINT FULL NAME **H. G. Herston**

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 **Della A. Herston** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **Sept 25 1872**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Insurance agent**

11. Industry or business \_\_\_\_\_

12. Name **John G. Herston**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lymen Herston**

(b) Address **Clark Mo**

17. (a) **Burial** (b) Date thereof **Nov 30-46**  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Clark Cemetery**

18. (a) Signature of funeral director **V. B. Chubb**

(b) Address **Clark Mo**

19. (a) **Dec. 30 1946** (b) **Lilla M. Leonard**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **Christian**  
(c) City or town **Clark Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov** day **28** year **1946** hour **4** minute **40** P.M.

21. I hereby certify that I attended the deceased from **Nov 27**, 1946, to **Nov 28**, 1946

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **2 1/2 hrs**

Due to **essential Hypertension** **2 yrs**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature **R. R. Terthing** (M. D. or other) \_\_\_\_\_

Address **Clark Mo** Date signed **12-2-46**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 147-122

Date Filed JAN 15 1947

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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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Orank, 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.**