

No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28165

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 97

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

**1. PLACE OF DEATH:**  
 (a) County... Johnson  
 (b) City or town... Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Warrensburg Clinic & Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution... 3 Hrs  
(Specify whether)  
 In this community... 4 Yrs  
years, months or days

**3. (a) PRINT FULL NAME** Blanch Herndon  
 3. (b) If veteran, name war... no  
 3. (c) Social Security No... no

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife... John W Herndon  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased Mar 13 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 5 28 hr. min.

9. Birthplace Johnson Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... House Wife

11. Industry or business...  
 12. Name Geo Stewart  
 13. Birthplace Wentzouon Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Joséphine McCart  
 15. Birthplace Johnson Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Herndon  
 (b) Address Warrensburg Mo

17. (a) Burial (b) Date thereof 9-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation... Sunset Hill

18. (a) Signature of funeral director... Sweeney Phillips  
 (b) Address Warrednsburg Mo

19. (a) Sept. 2, 1947 (b) Savannah Centerfield  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Johnson 57  
 (c) City or town Warrensburg Rural 1  
# If outside city or town limits, write "RURAL"  
 (d) Street No. RFd Warrensburg Mo 0  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Aug day 31  
 year 1947 hour 10 0 minute 1008 M.  
 21. I hereby certify that I attended the deceased from 8-31-47  
 to 8-31-47, 19...  
 that I last saw her alive on 8-31-47, 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death...  
Metastatic carcinoma  
 Due to Carcinoma rt. Breast 24 yrs.  
 Due to.....

Other conditions... 30  
(Include pregnancy within 3 months of death)  
 Major findings: 18 mo. ago - radical removal of rt. breast  
 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? 1.....  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? 6 (Specify type of place) (e) Means of injury.....

Signature R. F. McKinney (M. D. or other) MD  
 Address Warrensburg Mo Date signed 9-1-47

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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.....

Licensed Embalmer No. *3898*

P. O. Address *Warrensburg 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.**