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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5227  
Registration District No. 150  
Primary Registration District No. 5572  
Registrar's No. 33

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town RURAL PRAIRIE TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
JACKSON CO. HOME Aged WHITE 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution SEAT-11 DAY  
(Specify whether years, months or days) 52 YEARS

3. (a) PRINT FULL NAME ABRAHAM HERNDON  
3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 12 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

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

MOTHER FATHER {  
12. Name Thompson  
13. Birthplace Thompson  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant JACKSON CO. HOME RECORDS.

(b) Address TRNH- INDEP- MO

17. (a) burial (b) Date thereof 3-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence 780

19. (a) 3-6-48 (b) W. C. Burnham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8018- INDEP AVE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5  
year 1948 hour 7:25 minute 0 M.  
21. I hereby certify that I attended the deceased from Jan 1 1948 to March 5 1948  
that I last saw him alive on March 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 162 B PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury 0  
23. Signature J. H. Beene (M. D. or other) \_\_\_\_\_  
Address Independence Date signed 3/5/48

**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.....

*Donald W. Hawks*

Registered Apprentice No. *425*

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.**