

Registration District No. **10** Primary Registration District No. **5037**

**1. PLACE OF DEATH:**

(a) County **Audrain**  
(b) City or town **Mexico Rural Salt River Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R. F. D. 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **David Herron**

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov 18, 1895**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **7** Days **22**  
If less than one day hr. min.

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

10. Usual occupation **Farmer**

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

MOTHER FATHER

12. Name **Simeon Herron**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Arilda Miles**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Simeon Herron**  
(b) Address **Mexico, Missouri**

17. (a) **Burial** (b) Date thereof **7-12-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Chas Arnold Jr**  
(b) Address **Mexico, Missouri**

19. (a) **July 12, 48** (b) **Blanche Neely**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **M** (b) County **Audrain**  
(c) City or town **Mexico, Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. F. D. 5**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **10** year **1948** hour **1** minute **A-** M.

21. I hereby certify that I attended the deceased from **July 8** 19**48** to **July 10, 1948**  
that I last saw him alive on **July 8** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis - Sclerosis of Coronary Arteries**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations **940**  
Of autopsy \_\_\_\_\_

**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? **2**

While at work \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_  
23. Signature **R. W. Van Dyke**  
Address **Mexico Mo** Date signed **7-12-48**

JUL 22 1948

# 1571

RECEIVED

District Health Officer No. 1

District File Number 7-48-12

Date Filed JUL 19 1948

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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.