

FILED FEB 16 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's, No.

42
1
2

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Spick
(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

3. (a) PRINT FULL NAME James L. Herford

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 22
1942 to Jan 23 1942
that I last saw him alive on Jan 23 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Calvin Herford 6. (c) Age of husband or wife if alive 20 years (Month) (Day) (Year)

Immediate cause of death myocarditis Duration 10 da

Due to acute ulcer & cholecystitis 6 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

Major findings: 127a

Of operations

Of autopsy

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

MOTHER FATHER

11. Industry or business

12. Name Joel Herford

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

14. Maiden name Mollie West

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Calvin Herford
(b) Address Spick, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 25 42 (Month) (Day) (Year)

(c) Place: burial or cremation Spick Cem

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton, Mo

19. (a) Jan. 25 1942, Georgia Kitchen (Date received local registrar) (Registrar's signature) dx

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 74.5

23. Signature G. S. Luker (M. D. or other) 74.5
Address Clinton, Mo Date signed 1-25-42

RECEIVED

District Health Officer No. 7,

District File Number 2-42-56

Date Filed 2-10-42,

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.....

P. O. Address.....

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.