

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17931
Do not use this space.

1. PLACE OF DEATH
(a) County Cape
(b) Township Cape
(c) City Girardeau, Mo.
(d) Street No. St. Francis Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlie Newton Henry
(a) Residence, No. Bellcity, Missouri St. Bellcity, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Thorn Henry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th, 1856.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 2 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Land overseer
9. Industry or business in which work was done, as saw mill, bank, etc. !! !!
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1938.
22. I HEREBY CERTIFY, That I attended deceased from 5-18-38 to 5-21-38
I last saw 14 alive on 5-20-38 Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Ill. Illinois
13. NAME Enich Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Illinois
15. MAIDEN NAME Carolina McCombs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Illinois
17. INFORMANT (ADDRESS) Mrs. Albert Hinze Cape Girardeau, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem. DATE May 22, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haman's Funeral Home Cape Girardeau, Missouri.
20. FILED 21 1887 m. Thompson Local Registrar

Date of onset _____
Pericarditis
Other contributory causes of importance: Myo-Pericarditis
Name of operation Cystotomy Date of 5/17/38
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. D. H. Hinze, M. D.
(Address) Cape Girardeau

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

L. L. Haman

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

L. L. Haman

Licensed Embalmer No.

2463

P. O. Address

Cape Girardeau

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, above space should be left blank.