

REC'D JUN 8 1939

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

17467
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township 1st Primary Registration District No. 192
 (c) City 1st MO (d) Street No. 17 E 1st St Registered No. 1869 St.
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME Patricia Henney
 (a) Residence, No. Suburban Hotel 10th Blvd (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence F. Henney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 26 1880
 7. AGE YEARS 54 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arizona!
 FATHER 13. NAME James A. Baumgardner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 MOTHER 15. MAIDEN NAME Mary Shidy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 17. INFORMANT Records Clerk (ADDRESS) 17 E. 1st St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5-4-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Melody - M. Kelly
H. C. Ho
 20. FILED May 4, 1939 M. M. Corwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-39, 19
 22. I HEREBY CERTIFY, That I attended deceased from 5-2-39, 19, to 5-2-39, 19, I last saw him alive on 5-2-39, 19. Death is said to have occurred on the date stated above, at 10th St. The principal cause of death and related causes of importance were as follows:
Toxic Hepatitis Date of onset 25th
 Other contributory causes of importance:
Cerebral Edema
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy Yes
 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) P. De. Manno M. D. (Address) State Gen Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DATE OF DEATH

PLACE HERE

PLACE HERE

PLACE HERE

PLACE HERE

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, above space should be left blank.