

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.

REC'D JUN 14 1939

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

18115
Do not use this space.

1. PLACE OF DEATH Buchanan

(a) County Buchanan Registration District No. 85

(b) Township Washington Primary Registration District No. 1001 Registered No. 559

(c) City St. Joseph (d) Street No. St. Joseph's Hospital St.

(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William E. Henry

(a) Residence, No. 5611 King Hill Ave. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marian Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 9, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>6</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nightwatchman

9. Industry or business in which work was done, as saw mill, bank, etc. St. Joe. Stock Yds. Co.

10. Date deceased last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation 45

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairport Missouri

13. NAME John Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton Missouri

MOTHER

15. MAIDEN NAME Cecelia Iden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Missouri

17. INFORMANT (ADDRESS) Ellsworth Henry 5611 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport ? Missouri DATE May 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clark Mortuary St. Joseph, Mo.

20. FILED May 29 1939 W. Nestelbuch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to May 28, 1939

I last saw him alive on May 28, 1939. Death is said to have occurred on the date stated above, at 10:15 p.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset Unknown

92 W

Other contributory causes of importance:

Cardiac hypertrophy Unknown

Name of operation None Date of None

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) Dr. J. J. [Signature] M. D.

(Address) St. Joseph, Mo.

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

Emil A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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, above space should be left blank.