OCT 19

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

33097
Do not use this space.

1. PLACE OF DEATH Newton
(a) County ~~Van Buren~~ Registration District No. 612
(b) Township Primary Registration District No. 45-79 Registered No.
(c) City Wentworth (d) Street No. XX St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Oren Flavel Henry
(a) Residence, No. Wentworth Mo. St.
(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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co.

FATHER
13. NAME Wm. Arthur Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Martha Jane LeGrand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co.

17. INFORMANT Mary Henry
(ADDRESS) Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jolly Cem. DATE 9/7/39 19

19. FUNERAL DIRECTOR Victor O. Niemeyer
(ADDRESS) Pierce City Mo.

20. FILED 9/6 19 Grace Hudson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/39 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 1 19 39 to Sept. 5 19 39
I last saw him alive on Aug. 25 19 39. Death is said to have occurred on the date stated above, at 9.20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorhoage	9-39

Other contributory causes of importance:

Softening of brain	6-39

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy?

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) E B Nichols, M. D.
(Address) Pierce City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 1039-2077
Date Filed OCT 11 1939

STATEMENT BY LICENSED EMBALMER

I, Victor E. Kiemeyer, Licensed Embalmer No. 8822

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor E. Kiemeyer

Licensed Embalmer No. 8822

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