

WHILE FAMILIAR USE UNFADING BLACK INK—MAKE 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.

Registration District No. 431

Primary Registration District No. 5590

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Columbus Twp.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Columbus Twp.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Edward Wesley Henry 560

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19<sup>th</sup>  
year 1939 hour \_\_\_\_\_ minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1  
1939, to Dec 19, 1939

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

6. (b) Name of husband or wife Ida Fegans Henry 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 9 1862  
(Month) (Day) (Year)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis Duration ?

8. AGE: Years 77 Months 2 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

Due to \_\_\_\_\_

Due to 97

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thompson T. Henry

13. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Young

15. Birthplace \_\_\_\_\_ Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant's own signature Ida R Henry

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Dec 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W.R. Hilbert

(b) Address WARRICKSBURG Mo.

19. (a) Dec 19 (b) Carita Henry  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Warren Henry (M. D. or other) \_\_\_\_\_  
Address Warrensburg Mo. Date signed 12-14-39

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/14/40

**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.....

.....  
working under my personal supervision.

Signed.....  
Registered Apprentice No.....

Licensed Embalmer No. 3053

P. O. Address. Warrersburg 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.**