

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10101
Registrar's No. 35

Registration District No. 50

Primary Registration District No. 3004

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Walter Whither Henry

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Miss Hope Henry 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 4 1890
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Photographer

11. Industry or business _____

MOTHER, FATHER { 12. Name E. P. Henry

13. Birthplace near Athens, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Garrison

15. Birthplace Willsboro, N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Edward Henry

(b) Address Butler Mo

17. (a) Burial (b) Date thereof March 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dak Hills

18. (a) Signature of funeral director Charles Timmerman

(b) Address Butler Mo

19. (a) March 17 1940 (b) Mina R. Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 12 minutes 30 A. M.

21. I hereby certify that I attended the deceased from January 1934 to March 15 1940;
that I last saw him alive on March 15 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chr. myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) 9/3

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature Quiter H. Lutes (Specify type of place) (e) Means of injury _____
Address Butler Mo Date signed 3/27/40

WRITE PLAINLY—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.

RECEIVED

District Health Officer No. 7,

District File Number 4-40-675

Date Filed 4-12-40

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, AAA

....., Registered Apprentice No.

working under my personal supervision.

Signed R. Stanton Lisle

Licensed Embalmer No. 7123

P. O. Address Butler, 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.