

11914

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 156 Primary Registration District No. 6281

1. PLACE OF DEATH:
(a) County Pennscoott
(b) City or town Hermsendale
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution no
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State IND (b) County Pennscoott
(c) City or town Hermsendale
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Steve Henry 560
(b) If veteran, no (c) Social Security no
name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3-31-40 day _____
year _____ hour _____ minute 5m to 1a M.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Rosa (c) Age of husband or wife if alive 60 years

21. I hereby certify that I attended the deceased from 3-25 to 3-31 1940
and that death occurred on the date and hour stated above
that I last saw him alive on 3-30 1940

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of large bowel to extent of my knowledge
Due to D.H.

9. Birthplace Monroe Co Miss.
(City, town, or county) (State or foreign country)

Due to D.H. 4/6
Other conditions none
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Steve Henry
13. Birthplace Miss.
14. Maiden name D.H.
15. Birthplace D.H.

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? _____

16. (a) Informant Mr. Ross Henry
(b) Address Hermsendale

23. Signature D. C. McLean (M. D. or other) _____
Address Holland IND Date signed 3-31-40

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Field Funeral Home
(b) Address Plymouth Mich
19. (a) _____ (b) _____ (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

78

1482

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11944
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 656

Primary Registration District No. 6281

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Peru
(b) ~~City~~ Holland Jcs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

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

4. Sex m 5. Color or race col 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased (Month) _____ (Day) 18 (Year) 1944

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-10-1940 (b) Tom Brugner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 3 day 31
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature D. C. Mabeau (M. D. or other) _____

Address Holland _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11944 (1940)