

Registration

FILED OCT 17 1940

Primary Registration District No. 3006

State File No.

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State CA Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME BERT HENRY

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

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

6. (b) Name of husband or wife Augusta Fort Henry 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 2 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Yates Henry

18. Birthplace Utica New York
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Forman

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

16. (a) Informant Patent

(b) Address _____

17. (a) Removal (b) Date thereof 9-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Mo.

18. (a) Signature of funeral director W. D. Kelly

(b) Address Canton Mo.

19. (a) 9/11/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lewis
(c) City or town Canton
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11
year 40 hour 10 minute 43 A.M.

21. I hereby certify that I attended the deceased from 8-30, 1940, to 9-11, 1940
that I last saw him alive on 9-11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Caecum

Due to Bowel obstruction, Liver metastasis

Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations Cancer Caecum Metastasis to Liver
Of autopsy Liver metastasis CA Caecum

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

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? Y

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

23. Signature E. E. Koyce (M. D. or other) M.D.

Address Ellis Fischel State CA Hosp Date signed 9-11-40

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

JAN 9 1953

APR 1 1953

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.