

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Trenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1511 Bolser St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME: JAMES H. HENRY3. (b) If veteran, name war. — 3. (c) Social Security No. None

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Alice Henry 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased June 20th, 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 25 hr. min.9. Birthplace Chillicothe, Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Minister11. Industry or business Church12. Name Howard Henry13. Birthplace unknown
 (City, town, or county) (State or foreign country)14. Maiden name May Adalber15. Birthplace unknown
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Nelson(b) Address Trenton, Mo.17. (a) burial (b) Date thereof 10-17-40
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation None given18. (a) Signature of funeral director Samuel A. Davis(b) Address Trenton, Mo.19. (a) 10-17-40 (b) Frederic D. Fair
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
 year 1940 hour 9³⁰ minute 55 a. M.21. I hereby certify that I attended the deceased from Oct 1 - 1940 to Oct 15, 1940
 that I last saw him alive on Oct 14, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death Chronic nephritis
 Due to arteriosclerosisDue to —Other conditions Myocarditis
 (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?
36 (Specify type of place) (e) Means of injury —

23. Signature W. A. Johnson (M. D. or other) med
 Address Trenton, Mo. Date signed 10/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 Robert B. Harris, Registered Apprentice No. 212
working under my personal supervision.

Signed

Raymond A. Dennis

Licensed Embalmer No. 3424

P. O. Address Trenton, N.J.

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. 32104

Registration District No. 328

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(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 _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James H. Henry
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color of race black 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 80 Months 3 Days 25 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-7-41 (b) Drew D. Jew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(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.

20. DATE OF DEATH: Month Oct day 15
year _____ 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) _____ (e) Means of injury _____

23. Signature Wm. A. Fuson (M. D. or other) _____

Address Trenton Mo. Date signed _____

SUPPLEMENTARY

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

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

MOTHER FATHER

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 32104

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(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 _____ (Specify whether
years, months or days)

In this community _____

3. (a) PRINT FULL NAME James H. Henry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race B.

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 25 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

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)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-11-41 (b) James P. Saw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

(c) City or town 154 Trenton
(If outside city or town limits write "RURAL")

(d) Street No. 1511 Balslev
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month oct day 15
year _____ 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 _____

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? _____

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

23. Signature H. A. Fuson (M.D. or other) _____
Address Trenton Date signed _____

SUPPLEMENTAL