

FILED OCT 18 1948

Registration District No. 279 Primary Registration District No. 6179

1. PLACE OF DEATH: (a) County Washington (b) City or town Palatka (c) Name of hospital or institution: (d) Length of stay: In hospital or institution 2

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

3. (a) PRINT FULL NAME Alford Henry (b) If veteran, name war (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced child (b) Name of husband or wife (c) Age of husband or wife if alive, years 7. Birth date of deceased June 16 1940

8. AGE: Years Months Days If less than one day 2 18 hr. min.

9. Birthplace Palatka Mo

10. Usual occupation

11. Industry or business MOTHER FATHER { 12. Name Carl Henry 13. Birthplace Palatka Mo 14. Maiden name Bula Sparks 15. Birthplace Palatka Mo

16. (a) Informant David Sparks (b) Address Palatka Mo

17. (a) (b) Date thereof Jul 4 1940 (c) Place: burial or cremation Palatka Mo

18. (a) Signature of funeral director Sparks (b) Address Palatka Mo

19. (a) Sept 15 40 (b) G. P. Creswell (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 1940 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on Sept 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Premature baby Quantin Due to 154 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? 808 While at work? (Specify type of place) (e) Means of injury.

23. Signature G. P. Creswell (M. D. or other) Address Palatka Mo Date signed 9/26/40

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.