

NOV 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 34768

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 222

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: STATE CANCER HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 9 miles SE of albany
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12
year 1940 hour 5:40AM minute L M.

21. I hereby certify that I attended the deceased from 9-11 1940 to 9-12 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 Peritonitis, purulent Duration _____

Due to Rupture of pylorus, spontaneous

Due to Carcinoma of the stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46
Of autopsy as above
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?
74 While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature MR. Tealeon Covener (M. D. or other)
Address Columbia, Mo. Date signed 10/12/40

3. (a) PRINT FULL NAME William A. Henton

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 19 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name M. Ludrick Henton

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

14. Maiden name Amanda Vance

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

16. (a) Informant Application Blank to above Hospital

(b) Address _____

17. (a) Albany (b) Date thereof 10 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany Mo.

18. (a) Signature of funeral director A. J. Base

(b) Address Albany Mo.

19. (a) 10/12/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

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

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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.