No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE [illegible] NOV 20 [illegible]

MISSOURI STATE BOARD OF HEALTH
[illegible]NDARD CERTIFICATE OF DEATH

State File No. 35678

Registration District No. 864 Primary Registration District No. 8277 Registrar's No. 41

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Odessa
(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.

3. (a) PRINT FULL NAME William Grant Henegar
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Didower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 17, 1864 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	8	4	hr. min.

9. Birthplace Knoxville, Tenn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Henegar 1
11. Industry or business 1
FATHER
12. Name Harvey D. Henegar
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Farris
15. Birthplace Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Emma Carter
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa Mo
18. (a) Signature of funeral director L. C. Husman
(b) Address Odessa, Mo.
19. (a) 10/22/40 (Date received local registrar) (b) Mrs. E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1940 hour 5 minute 00 M.
21. I hereby certify that I attended the deceased from Oct 12, 1940, to Oct 21, 1940
that I last saw him alive on Oct 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	8 days
Hypostatic pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardio Renal Vascular disease	

Major findings:
Of operations no
Of autopsy no

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) no
(b) Date of occurrence
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W C Martin MD (M. D. or other) 1
Address Odessa Mo Date signed 10-22-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-12-40

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 Jerry L. Hussman

Licensed Embalmer No. 2541

P. O. Address Odessa, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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