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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41935

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1382

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 501 E. Lewis 2 (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 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 501 E. Lewis (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ADOLPH HENRY
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maria Henry
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased April (Month) 26th. (Day) 1849 (Year)

8. AGE: Years 91 Months 8 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Commirene DeBassuet (City, town, or county) France 7 (State or foreign country)
10. Usual occupation Retired
11. Industry or business Restaurant Operator 7
MOTHER FATHER
12. Name Louis Henry 7
13. Birthplace unknown (City, town, or county) France 7 (State or foreign country)
14. Maiden name Josephine LeBlanc
15. Birthplace unknown (City, town, or county) France (State or foreign country)
16. (a) Informant Mrs. J. J. Fridell
(b) Address 501 E. Lewis St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo.
19. (a) 1/1/41 (Date received local registrar) (b) H. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th. year 1940 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 3, 1940 to Dec 30, 1940 that I last saw him alive on Dec 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
Due to
Due to 97
Other conditions (Include pregnancy within 3 months of death)
Major findings: ✓
Of operations
Of autopsy not made

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

23. Signature R. C. Bauman (M. D. or other) 1
Address 4 Hospital Bldg Date signed 1-1-41
(Licensed Embalmer's Statement on Reverse Side) J. J. Fridell

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Geo E. Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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, fact should be so stated above.