

APR 15 1941
Registration District No. **85**

Primary Registration District No. **5-1-1**

Registrar's No. **258**

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

1. PLACE OF DEATH: **Buchanan**
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
 (c) Name of hospital or institution: **5611 King Hill Ave.**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marian Henry**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widow**
 6. (b) Name of husband or wife **William E. Henry** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Aug. 28, 1876**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	6	5	_____hr. _____min.

9. Birthplace **Brussels Ontario Canada** **2**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **own home**

MOTHER FATHER {
 12. Name **Robert Laidlaw**
 13. Birthplace **Unknown Scotland** **4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah McCartney**
 15. Birthplace **Unknown Scotland** **4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ellsworth Henry**
 (b) Address **5611 King Hill Ave.**

17. (a) **Burial** (b) Date thereof **March 5, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fairport, Mo.**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **5025 King Hill Ave.**

19. (a) **APR 4 1941** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **11**
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5611 King Hill Ave.**
 (If rural, give location) **0**
 (e) If foreign born, how long in U. S. A. **57 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
1941 year hour **8** minute **15** M.

21. I hereby certify that I attended the deceased from **Feb 26** 19**41** to **Mar 3** 19**41**; that I last saw him alive on **Feb 26** 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **terminal apoplexy**
 Due to **arterio-sclerosis, unknown**

Due to **[Signature]**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy **[Signature]**
 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? _____

23. Signature **[Signature]** (M. D. or other) **M.D.**
 Address **[Signature]** Date signed **3-4-41**

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, on 3/3/41

....., Registered Apprentice No.
working under my personal supervision.

Signed James C. Cook

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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, fact should be so stated above.