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FILED JUL 14 1941

11/22348
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

Registration District No. 651

Primary Registration District No. 4388

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Pennsylv

(b) City or town Carruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days months none

3. (a) PRINT FULL NAME Ed 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 married

6. (b) Name of husband or wife Ed Henry

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 7-15-1869
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hand Keeping

11. Industry or business Hoyle

12. Name Ben Taylor

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

14. Maiden name unknown

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

16. (a) Informant Ed Henry

(b) Address Carruthersville Mo

17. (a) Burial (b) Date thereof 6-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director W. B. Smith

(b) Address Carruthersville Mo

19. (a) June 7, 1941 (b) E. A. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pennsylv

(c) City or town Carruthersville
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from May 29, 1941, to June 4, 1941;
that I last saw him alive on June 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to Advanced age

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 595

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature G. W. Phipps (M. D. or other)

Address Carruthersville, Mo Date signed 6-7-41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

9-41-6

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *3900*.....

P. O. Address *[Signature]*.....

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, fact should be so stated above.