

Registration District No. **825**

Primary Registration District No. **3039**

FILED JUL 9 1941

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

1. PLACE OF DEATH

(a) County **Vernon**
(b) City or town **Nevada mo**
(c) Name of hospital or institution:
700 W arch st
(d) Length of stay: In hospital or institution **Sixty years**
In this community **Sixty years**

3. (a) PRINT FULL NAME **John Adam Henry**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Essie Henry** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **June 28 1874**

8. AGE: Years **66** Months **11** Days **21** If less than one day **—** hr. **—** min.

9. Birthplace **Marysville Penn**

10. Usual occupation **Farming**

11. Industry or business **—**

12. Name **William Henry**

13. Birthplace **Penn**

14. Maiden name **Elizabeth Stiles**

15. Birthplace **Not known**

16. (a) Informant **Essie Henry**

(b) Address **700 W Nevada mo**

17. (a) **Burial** (b) Date thereof **6-22-41**

(c) Place: burial or cremation **Mankato Kans**

18. (e) Signature of funeral director **Ferry Funeral Home**

(b) Address **Nevada mo**

19. (a) **6/21/41** (b) **Allen V. Day**

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Vernon**
(c) City or town **Nevada mo**
(d) Street No. **700 W arch st**
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** 19**41**
year **1941** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **June 10** 19**41** to **June 19** 19**41**;
that I last saw him alive on **June 18** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **heart failure**
hypertension
Due to **prostatitis**
cystitis and
Due to **high blood pressure**
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? **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
705
While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **H. W. Lancaster** (M. D. or other) **—**
Address **25 W. 2nd St. Nevada** Date signed **6/21/41**

JUL 18 1941

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1098

Date Filed 7-7-41

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, or by

..... Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd R. Winsett

Licensed Embalmer No.

3857

P. O. Address

Nevada, Mo.

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, above space should be left blank.