

BUREAU OF THE CENSUS  
FILED AUG 18 1941

Registration District No. 852 Primary Registration District No. 6120 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
 (b) City or town Milan  
 (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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan <sup>105</sup>  
 (c) City or town Milan - Rural <sup>0</sup>  
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1941, to July 22, 1941;  
 that I last saw him alive on July 21, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Apoplexy

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
 \_\_\_\_\_

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

23. Signature Quinn H. Beckwith (M. D. or other) MD  
 Address Milan Mo Date signed 7/23/41

3. (a) PRINT FULL NAME Allen Henry

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Evelina Henry 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: May 26 1871  
 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name James Henry  
 { 13. Birthplace Ohio (City, town, or county) (State or foreign country)  
 { 14. Maiden name Lucinda Montgomery  
 { 15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Evelina Henry

(b) Address Milan  
 17. (a) Burial (b) Date thereof 7-24-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Kagan

(b) Address Milan Mo

19. (a) July 30 1941 (b) Cleo Hagan  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number

841-1502

Date Filed

AUG 13 1941

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

*Samuel O. Suggs*

Licensed Embalmer No.

3792

P. O. Address

*Milwaukee*

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, above space should be left blank.