

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12157

State File No.

Registrar's No. 51

FILED APR 15 1942
Registration District No. 796

Primary Registration District No. 6039

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(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

3. (a) PRINT FULL NAME Henry Hardin Pheman
3. (b) If veteran, name war ☒ 3. (c) Social Security No. ✓

4. Sex Male 5. Color W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Pheman 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased. Feb 27 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 0 18 hr. min.

9. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Pheman
13. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Maudie B. Hardin
15. Birthplace Saline Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Pheman
(b) Address Marshall Mo.

17. (a) Buried (b) Date thereof Mar 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Mo.

18. (a) Signature of funeral director Campbell-Benn
(b) Address Marshall Mo.

19. (a) Mar 16 1942 (b) Mrs. T. O. Wealbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Miami Rural P. #10
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1942 hour 2 minute 30 M.
21. I hereby certify that I attended the deceased from birth
inquest March 15 1942
that I last saw him alive on March 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in back of head.
Due to

Due to 1640
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 770
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) Suicide
(b) Date of occurrence March 15 1942
Where did injury occur? On side road
(City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
In car on side road.

While at work? (Specify type of place)
(e) Means of injury Gun
23. Signature C. L. Lawless (M. D. or other)
Address Marshall Mo. Date signed 3-16-42

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

MOTHER FATHER

1813

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-14-42

MAR 28 1942

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

R. W. Campbell

Licensed Embalmer No.

3469

P. O. Address.

Marshall M

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.