S. No. 2
—1-4-41
. 5-17-39
I M26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1942

Registration District No. 23 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14422

Primary Registration District No. 1975465 Registrar's No. 29

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany-Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harrison Co. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether
In this community most of his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison
(c) City or town Bethany Twp Rural
(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 0

3. (a) PRINT FULL NAME Robert Henry
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September 25 - 1850 (Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Bethany (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm Laborer
FATHER
12. Name George Henry
13. Birthplace Carroll Co. (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Sarah McNamee
15. Birthplace Conway (City, town, or county) Ohio (State or foreign country)
16. (a) Informant James A Henry
(b) Address Bethany Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Burris Cemetery
18. (a) Signature of funeral director L. M. Ware
(b) Address Bethany Mo
19. (a) 4-23-42 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1942 hour 2:00 minute A.M.
21. I hereby certify that I attended the deceased from April 2 1942 to April 8 1942 that I last saw him alive on April 8 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	4 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. R. Lyddon, Jr. (M. D. or other)
Address Bethany, Mo. Date signed 4-10-42

(Licensed Embalmer's Statement on Reverse Side)

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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 Melvin B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

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.