

FILED JUN 10 1942

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Springfield Baptist Hospital 0
 (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 MEANS, Henry C.
 3. (b) If veteran, name war NO
 3. (c) Social Security No. None

4. Sex M 6. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Deel Means 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Oct 10 1860
 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Lawrence Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name of informant James Means
 13. Birthplace Unknown Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Mariah Bangs
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Means
 (b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof 5 8 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hubert Cem. Hays Mo

18. (a) Signature of funeral director H. D. Russell
 (b) Address Mt Vernon Mo

19. (a) 5-7-42 (b) H. W. Stanley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Lawrence
 (c) City or town Mt. Vernon Rural
 (If outside city or town limit, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 3
 year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 25, 1942, to May 3, 1942,
 that I last saw him alive on May 3, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to Following fracture of 6 vertebrae primarily
 Due to _____

Other conditions Fracture Neck & Thorax
 (Include pregnancy within 3 months of death)
 Major findings: Path. Prostate for. Pt. femur
 Of operations _____

Of autopsy 1860
 1860

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence March 25 1942
 (c) Where did injury occur? Mt. Vernon Lawrence Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on farm

While at work? no (Specify type of place)
 (c) Means of injury Felling yard

23. Signature H. W. Stanley (M. D. or other)
 Address Springfield Mo Date signed _____

Duration _____
 Underline the cause to which death should be charged statistically.

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

H D Fossell

Licensed Embalmer No.

2201

P.O. Address

Mt Vernon, W

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.

X