

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27601

State File No.

27

Registration District No. 184

Primary Registration District No. 30-39 3058

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 yrs. years, months or days

3. (a) PRINT FULL NAME William Grell Henryford
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruth Cater Henryford 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 17 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Ferrest Green Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER
12. Name Bentley Henryford
13. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Hayes
15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ruth C Henryford
(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Aug 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Oliver

18. (a) Signature of funeral director: James M Laughlin
(b) Address Marceline Mo

19. (a) Aug 31 1942 (b) W. M. Cannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. W. Kansas Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1942 hour 89 minute 50 A M.

21. I hereby certify that I attended the deceased from 8-26, 1942, to 8-26, 1942
that I last saw him alive on 8-26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 20 min
Due to Chronic myocarditis

Due to _____
Other conditions (include pregnancy within 3 months of death) 938

Major findings: None Of operations None Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

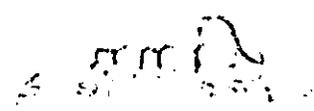
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. E. Enoch (M. D. or other) 9/28
Address Brookfield Mo Date signed _____

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

Rev. 5-17-39
U. S. G. P. 161311

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



[Faint, illegible text]

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 *Blanche M Langhlin*

Licensed Embalmer No. *1909*

P. O. Address *Marseline 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, above space should be left blank.