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

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29695

State File No. 29695

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 89

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Seligman RR 2
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Wilcox Dwg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Thirty years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Seligman Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Rachel Tennessee Henry

3. (b) If veteran, name war: ____

3. (c) Social Security No. no

4. Sex: female

5. Color or race: White

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Fred Henry

6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Sept. (Month) 30 (Day) 1898 (Year)

8. AGE: Years 43 Months 9 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation: home-wife

11. Industry or business: ____

MOTHER FATHER

12. Name: David Still

13. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Elizabeth Stepher

15. Birthplace: Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred Henry

(b) Address: Seligman R.R. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Bolley Cemetary

18. (a) Signature of funeral director: W. H. Evans

(b) Address: Cassville, Mo.

19. (a) Sept 23 1942 (Date received local registrar) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 22 year 1942 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 22, 1942 to Sept. 22, 1942 that I last saw her alive on Sept. 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Food Poisoning	
Due to:	
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: 00 5

(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: 0

23. Signature: Glenn H. Galyen (M. D. or other) M.D.

Address: Cassville, Mo. Date signed: ____

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1042-1482
Date Filed OCT 12 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 John E. Myers

Licensed Embalmer No. 2220

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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Registration District No. 11 | Primary Registration District No. 5044 | Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Rural
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(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 .....

3. (a) PRINT FULL NAME: Rachel I Henry

3. (b) If veteran, name war .....

3. (c) Social Security No. ✓

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Henry, Fred

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Sept (Month) 20 (Day) 1899 (Year)

8. AGE: Years 43 | Months 11 | Days ..... | If less than one day: ..... hr. ..... min.

9. Birthplace: (City, town, or county) Tenn (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace (City, town, or county) ..... (State or foreign country) .....

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

16. (a) Informant .....
(b) Address .....

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

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... Day ..... year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY 2