FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36576
Do not use this space.

1. PLACE OF DEATH
(a) County Barry — Registration District No. 11 — 5
(b) Township — Primary Registration District No. 4024 — 1 — Registered No. 105
(c) City Cassville, Mo — (d) Street No. 1, St. — 0
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Henbert
(a) Residence, No. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S. 0

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1942

7. AGE — YEARS | MONTHS | DAYS: 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Mo 0

FATHER
13. NAME Roger Henbert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville Mo 0

MOTHER
15. MAIDEN NAME Clarice Wooter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Mo

17. INFORMANT (ADDRESS) Roger Henbert

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keamey DATE 11-17-42, 19

19. FUNERAL DIRECTOR (NAME) W. D. Koen
(ADDRESS) Cassville, Mo

20. FILED Nov 27, 1942 Grace Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1942 to Nov. 17, 1942
I last saw h. alive on 8 a.m., 1942. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent ductus arteriosus	birth
Persistent thymus gland	"
159	

Other contributory causes of importance: Prematurity (2 mo.)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Mary Jane Northcutt, M. D.
(Address) Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 6,
District File Number 1242-1677
Date Filed DEC 7 1942

Body was not Embalmed

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. 3220

P. O. Address Farmville, 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, above space should be left blank.