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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 17

Primary Registration District No. 530B

Registrar's No. 279

26000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural -- Jefferson  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.F.D.#4 Jefferson City, Missouri  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 67 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#4  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse W. Henry

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

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Selma Henry

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

7. Birth date of deceased July 15 1856  
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Not Known

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Arnold Stacey  
(b) Address 408 Pine St. St. Louis, Mo.

17. (a) Burial (b) Date thereof Dec-21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Shop J. Swan  
(b) Address Jefferson City, Missouri

19. (a) 12-21-42 (b) Thorma Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1942 hour 3:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 13, 1941, to Dec 19, 1942  
that I last saw him alive on Dec 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 5 days  
Coronary Sclerosis 2 years  
Aneurysm & artero-sclerosis  
Other conditions Enteric Thrombosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 94a

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 Gun

23. Signature J. O. Osman (M. D. or other) \_\_\_\_\_  
Address Jefferson City Mo Date signed 12-21-42

**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..... *Ferd. P. Dulle* .....

Licensed Embalmer No. *3890* .....

P. O. Address *Jefferson City 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.**