

S. No. 2
M-9-4-41
5-17-39
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2851

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 15 1943
Registration District No. 2

Primary Registration District No. 5786

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town WYATT - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 MI. SOUTH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 20 YRS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MISSISSIPPI
(c) City or town WYATT, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Box # 359
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GEORGE HOWARD HENRY

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife LUCY HENRY 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased FEBRUARY 12 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 21 hr. min.

9. Birthplace EDWARD MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business TENANT FARMER

12. Name THOMAS HENRY

13. Birthplace STATE OF MISSISSIPPI
(City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace NO RECORD 9
(City, town, or county) (State or foreign country)

16. (a) Informant LUCY HENRY

(b) Address WYATT, Mo Box 359

17. (a) BURIAL (b) Date thereof 12-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, Mo

18. (a) Signature of funeral director John F. ...
(b) Address CHARLESTON, Mo

19. (a) 1-3/43 (b) D. J. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER Day 3RD
year 1942 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from Oct 15
1942, to Dec 3rd, 1942
that I last saw him alive on Dec 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Maternal Insufficiency
Duration 1 mo

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
92 lb

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 R. B. ... (M.D. or other)
Address Charleston Mo. Date signed 12/4/42

RECEIVED

District Health Office No. 2,

District File Number 343-230

Date Filed 2-8-43

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 F. Rimmeler Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.