

FILED MAR 8 1943

Registration District No.

Primary Registration District No. 5611

Registrar's No.

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg (Rural) Post Oak Twp
(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)
In this community 82 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Post Oak Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry Clay Cecil

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 23 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business
12. Name Wm. B. Cecil
13. Birthplace Unknown N.C.
(City, town or county) (State or foreign country)
14. Maiden name Isabelle Russell
15. Birthplace Unknown N.C.
(City, town or county) (State or foreign country)

16. (a) Informant Ed Taylor
(b) Address Warrensburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 28, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Cornelia
18. (a) Signature of funeral director Sweeney-Phillips
(b) Address Warrensburg, Mo.

19. (a) 2-27-43 (Date received local registrar) (b) R. B. Brumage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1943 hour 6 minute _____ P. M.
21. I hereby certify that I attended the deceased from 1-28-43
_____, 19____, to _____, 19____
that I last saw him alive on 2-25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Burn of legs
1-28-43

Due to _____
Due to _____
Other conditions Smility + Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) Accidental Burn
(b) Date of occurrence 1-28-43
(c) Where did injury occur? Warrensburg Johnson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? No (Specify type of place) (e) Means of injury Burn
23. Signature Robert Cooper (M. D. or other) MD
Address Warrensburg Mo Date signed 2-27-43

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

5-1
0
0

1026

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 *S Ray Sumner*
Licensed Embalmer No. *1121*
P. O. Address *Warrensburg*

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.