

S. No. 2  
 DM-542  
 5-17-39  
 X32873

7938

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED FEB 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 7

Registration District No. 360

Primary Registration District No. 6225

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

1. PLACE OF DEATH:  
 (a) County Vanau  
 (b) City or town Washington Tenn Slip  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
State Hospital No. 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Henry  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R # 2  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry  
 (b) If veteran, name war Unknown  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 14th  
 year 1943 6 hour \_\_\_\_\_ 0 minute \_\_\_\_\_ P. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs Mary Henry  
 6. (c) Age of husband or wife if alive 66 yrs. years  
 7. Birth date of deceased Oct 9th 1871  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
Jan 3rd, 1943, to Jan 14th, 1943,  
 that I last saw him alive on Jan 13th, 1943,  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death:  
Fracture of the neck of Rt Femur Duration 2 1/2

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

Due to Accidental fall in Hospital  
 Due to \_\_\_\_\_

10. Usual occupation Farmer

Other conditions Arterio Sclerotic Heart Dis  
 (Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Philly Harry  
 13. Birthplace Clinton Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Hess  
 15. Birthplace Clinton Mo  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant State Hospital Record  
 (b) Address Nevada, Mo

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 1st  
 (b) Date of occurrence Jan 6th 1943

17. (a) Removal (b) Date thereof 1-14-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Clinton, Mo

(c) Where did injury occur? Washington Tenn Slip (City or town) Mo (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hospital No. 3  
 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury Fall

18. (a) Signature of funeral director Martha Beckenridge  
 (b) Address Nevada, Mo  
 19. (a) January 14, 1943 (Date received local registrar)  
Elizabeth Beckenridge (Registrar's signature)

23. Signature G.S. Warrick (M. D. or other) \_\_\_\_\_  
 Address Nevada, Mo Date signed 1/14/43

RECEIVED

District Health Officer No. 71

District File Number 1-43-57

Date Filed 2-4-43

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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 Mark C. C. C. C.

Licensed Embalmer No. 2656

P. O. Address Newada, 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.**