

FILED MAY 7 1943

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

14916
Do not use this space.

1. PLACE OF DEATH
 (a) County Monroe Registration District No. 226
 (b) Township Maryan Primary Registration District No. 4336
 (c) City Holliday (d) Street No. 1 St.
 (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 John Henry Henniger
 (a) Residence, No. Holliday, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Rose Lee Henniger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer

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 life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1943

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1943 to April 8, 1943
 I last saw him alive on April 8, 1943 Death is said to have occurred on the date stated above, at 5:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis Date of onset 9 Days

Other contributory causes of importance: 820

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 Also, specify _____
 (Signed) Geo. H. Reynolds, M. D.
 (Address) 1200 W. Main

12. BIRTHPLACE (CITY OR TOWN) Monroe Co. (STATE OR COUNTRY) Missouri

13. NAME David Henniger

14. BIRTHPLACE (CITY OR TOWN) Monroe Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lainy Harris

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Rose Ann Clement (ADDRESS) Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holliday DATE 4/19 1943

19. FUNERAL DIRECTOR (NAME) Ed G. Thompson (ADDRESS) Madison, Mo

20. FILED 4/10, 1943. Otis Hedberg Local Registrar

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.

RECEIVED

District Health Officer No. 10

District File Number 5-43790

Date Filed MAY 5 1943

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Madison, W

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.