

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27720

FILED SEP 11 1943

Registration District No. 42

Primary Registration District No. 1003

Registrar's No. 947

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Years (Specify whether years, months or days)

In this community 21 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Fleming Henry

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased Nov. 23 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Retired Attendant State

11. Industry or business Hospital # 2

12. Name Aaron B. Henry

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

14. Maiden name Susana Henry

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

16. (a) Informant Mrs Tille Henry

(b) Address 621 No. 12th

17. (a) Burial (b) Date thereof 8-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville, Mo.

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) 8/26/43 (b) Rose Huggins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 621 No. 12th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24th
year 1943 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-17-43
1943 to 8-24 1943
that I last saw him alive on 8-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to _____

Due to _____

Other conditions severely
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (Specify type of place) (a) Means of injury no
While at work? _____ (M. D. or other) _____
Address 218 [unclear] Date signed 8/26/43

Duration indefinite

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Robert H. Yapple

Licensed Embalmer No.

3308

P. O. Address.....

St. Joseph, 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.