V. S. No. 2
50M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29009
State File No.

ED SEP 7 1943
Registration District No. 274
Primary Registration District No. 3052
Registrar's No. 266

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: ~~Sedalia~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sedalia Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 25 Years

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

3. (a) PRINT FULL NAME: Richard Johnson Henley
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Hattie May Henley
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March 22 1874 (Month) (Day) (Year)
8. AGE: Years 69 Months 5 Days 0 If less than one day hr. min.
9. Birthplace: Cole Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Barber
11. Industry or business:
FATHER 12. Name: Henry Henley
FATHER 13. Birthplace: Hardin Co Mo. 0 (State or foreign country)
MOTHER 14. Maiden name: Lavina Neace
MOTHER 15. Birthplace: Cole Co. Mo. 0 (State or foreign country)
16. (a) Informant: Clarence Henley
(b) Address: Sedalia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Aug. 24 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia . Mo.
19. (a) 8/24/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 6 minute 02 M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on Aug 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to: Arteriosclerosis
Interstitial Nephritis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 12/a
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Lloyd Bohling (M. D. or other)
Address: Sedalia Mo. Date signed 8-24-43

102.2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.