

FILED DEC 20, 1943  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 291

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

**1. PLACE OF DEATH:**  
 (a) County Adair  
 (b) City or town Russville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
602 N. Main  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution all his life  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Adair  
 (c) City or town Russville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 602 N. Main  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Howard Elmer Henry  
**3. (b) If veteran,** name war r  
**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov. day 12  
 year 1943 hour 9 minute 30 a.M.

**21. I hereby certify that I attended the deceased from**  
Feb. 1943 to Nov. 11, 1943  
 that I last saw him alive on Nov. 11, 1943  
 and that death occurred on the date and hour stated above

**4. Sex** Male **5. Color or Race** W.  
**6. (a) Single, widowed, married, divorced** divorced  
**6. (b) Name of husband or wife** Rosa B. Henry  
**6. (c) Age of husband or wife if alive** 83 years  
**7. Birth date of deceased** Oct. 7 1859  
(Month) (Day) (Year)

Immediate cause of death apoplexy  
 Duration \_\_\_\_\_

**8. AGE:** Years 89 Months 1 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

**9. Birthplace** Mo.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** dentist

Other conditions (include pregnancy within 3 months of death) 83a!

**11. Industry or business** Howard Henry  
**12. Name** H. H. Henry  
**13. Birthplace** Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Evelyn  
**15. Birthplace** N.Y.  
(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** Wes. Howard Henry  
**(b) Address** 602 N. Main, Russellville  
**17. (a) Burial** **(b) Date thereof** 11-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Highland  
**18. (a) Signature of funeral director** E. E. Stropker  
**(b) Address** Highland, Mo.  
**19. (a) 11/14/43** **(b) Dr. J. H. Wuerne**  
(Date received local registrar) (Registrar's signature)

**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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
**23. Signature** R. E. Stropker (M. D. or other) MD  
**Address** Russville Mo. **Date signed** 11/17/43

RECEIVED

District Health Officer No. 90

District File Number 12-43-2042

Date Filed DEC 18 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 E. E. Napp

Licensed Embalmer No. 4268

P. O. Address Blaine, Md

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.