

3. No. 2
4-2-43
5-17-29
X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42887

FILED JAN 4 1943

Primary Registration District No. 4311 4809

Registrar's No. _____

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town Southwest City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lois Henry

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1943 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Sherman U. Henry

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: Oct 2 1870
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Disease (from history)

Due to _____

8. AGE: Years Months Days If less than one day

73 2 15 _____ hr. _____ min.

Due to _____

Other conditions Patient expired when arrived
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings: Of operations

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Curt

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thorn

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman U. Henry

(b) Address Southwest City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Southwest City County

18. (a) Signature of funeral director EA Pylatt

(b) Address Southwest City

19. (a) 12-20-43 (Date received local registrar) (b) Sherry Nichols (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) (e) Means of injury MD

23. Signature Sherry Nichols (M. D. or other)
Address Southwest City Mo Date signed 12-18-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.