

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.

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

43129

Do not use this space.

FILED JAN 13 1944

1. PLACE OF DEATH

(a) County Madison Registration District No. 226
(b) Township Madison Primary Registration District No. 4337 Registered No. 60
(c) City Madison (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

(a) Residence, No. James Henry McHenry St. Mo.
(Usual place of abode, if no street address, write county or city) (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 (OR) WIFE OF Married Andrew Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) 1943 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

13. NAME Chas. B. McHenry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emma Frances Gannett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. H. McKinley

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison County DATE 12/7

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Thompson

20. FILED 176 1943 Otis Heelberg
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1943 to Dec 5 1943
Last saw him alive on Dec 5 1943 Death is said

to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Prostate Date of onset 1 yr

Other contributory causes of importance:

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? no
If so, specify _____

(Signed) Otis Heelberg M. D.
(Address) Madison, Mo.

RECEIVED

District Health Officer No. 10

District File Number 1-44-286
Date Filed JAN 12 1944

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 Mrs. Lusa Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Ky

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.