

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15913

Registration District No. **324**

Primary Registration District No. **3072**

State File No. _____

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community All his Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry C. Underwood
3. (b) If veteran, name war Spanish American 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 Lena E. Calvort 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 27 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William Underwood

(b) Address Shackelford, Mo.

17. (a) None (b) Date thereof 4/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]

(b) Address 2412 S. Main St.

19. (a) 4-26-44 (b) W. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline **97**
(c) City or town Shackelford, Mo. **0**
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. **0**
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mon Apr day 24
year 44 hour 11:30 M.

21. I hereby certify that I attended the deceased from Apr 15 to Apr 24, 1944
that I last saw him alive on Apr 24 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Ch Myocarditis Duration 1 yr

Due to _____

Due to _____

Other conditions General Debility 2 wks
(Include pregnancy within 5 months of death)

Major findings: Of operations _____

Of autopsy 93d

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 _____

23. Signature [Signature] (M. D. or other) _____

Address Shackelford, Mo. Date signed 4/24/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-12-44

APR 18 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 _____

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.