

S. No. 2
4-13-40
5-17-39
PI X23159

18880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1944

Registration District No. 275

Primary Registration District No. 5940

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Chelapa
(b) City or town Rural Liberty Mo
(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 _____
years, months or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Chelapa
(c) City or town Rural Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years.

3. (a) PRINT FULL NAME Clara Henson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20th
year 1944 hour 12 minute 30 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased aug 27 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1944 to April 5 1944
that I last saw he alive on April 5 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Arrhythmia 2 days Duration

8. AGE: Years Months Days If less than one day
78 7 23 hr. min.

Due to Hypertension 10 yrs.
Due to Cardio vascular renal disease 10 yrs.
Other conditions Nephritis, general debility. 2 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Home wife
11. Industry or business _____
12. Name Harrison Calvin
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jane Brughman
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations 12/a
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Edith Humphrey
(b) Address Flat Mrs
17. (a) burial (b) Date thereof apr 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt Zion
18. (a) Signature of funeral director Lee Johnson
(b) Address Newbury Mrs
19. (a) 5-1-40 (b) Edith Henson
(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)
Means of injury _____
23. Signature Richard C. Green (M. D. or other) RD
Address Peru, Mo Date signed April 21 1944

1092 (Licensed Embalmer's Statement on Reverse Side) 21st 1944

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

71
00

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.....

Lee Johnson

Licensed Embalmer No.

3392

P. O. Address.....

Newburg 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.