

State File No.

FILED JUN 13 1944
Registration District No.

Primary Registration District No. 6-27245-41 Registrar's No.

1. PLACE OF DEATH:

(a) County: North

(b) City or town: Tenover, Mo.
(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: 5 weeks
(Specify whether)

In this community: 12 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: North

(c) City or town: Tenover, 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: PERRY EDWARD HENRY

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 15 day
year 1944 hour 7 - 30 minute 0 M.

4. Sex: M 5. Color or race: W

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

6. (b) Name of husband or wife: Amy Henry

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Oct 6 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10 1944 to 5-15 1944
that I last saw him alive on 5-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Subarachnoid hemorrhage

8. AGE: Years 65 Months 7 Days 9 If less than one day min.

Due to:

Due to:

9. Birthplace: Tobias Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation: minister

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: 1381

Of operations:

Of autopsy: no

MOTHER FATHER

11. Industry or business:

12. Name: David Henry

13. Birthplace: Feb 1 Neb 1
(City, town, or county) (State or foreign country)

14. Maiden name: Adeline Leon

15. Birthplace: Ill. I
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Maria V. Henry

(b) Address: 28 1/2 N. 1st Mo.

17. (a) burial (b) Date thereof: May 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation:

18. (a) Signature of funeral director: Branon Bros

(b) Address: Denver Mo

19. (a) May 30 - 1944 (b) Adeline Scadden
(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?

(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:

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

Address: [Address] Date: 5-17-44

110 X

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.....

J. P. Brown

Licensed Embalmer No. 2947

P. O. Address Denver, 1110

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.