

FILED OCT 13 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 220

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
406 Vettters Lane  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 406. Vettters Lane  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT

FULL NAME Gilpin M. Henley

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva. Willcox 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 2 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Henley, Mo Cole Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpentor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Henley  
13. Birthplace Henley, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Henley  
(b) Address Jefferson City

17. (a) Removal & Burial Date thereof 9/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Victor Buechler  
(b) Address Jefferson City, Mo.

19. (a) 9-30-44 (b) Therma Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
year 1944 hour 11 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Sept 15 1944, to Sept 28 1944, that I last saw him alive on Sept 26 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13 fl

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury ?

23. Signature James A. Hill (M. D. or other) M.D.  
Address Jefferson City Date signed Sept 30 44

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

16  
5  
4

844

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 10-12-44

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.