

S. No. 2  
1-4-41  
5-17-39  
X28390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35012

State File No. ....

FILED NOV 8 1944

Registration District No. ....

Primary Registration District No. 3052

Registrar's No. 332

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 711 S. New York  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 46 years  
(Specify whether years, months or days)  
In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 S. New York  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Henry Frank Janes

3. (b) If veteran, name war  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 Amelia Janes 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 28 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Ross County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Boiler Maker

11. Industry or business

12. Name Edward Janes

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

14. Maiden name Eliza Remley

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

16. (a) Informant Homer Janes

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Oct. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 10-7-44 (b) Ans Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 44 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from 19 44 to Oct 6 19 44

that I last saw him alive on Oct 4 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus Duration

Due to Arterio Sclerosis & Hypertension 45 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a

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? (Specify type of place)

While at work (e) Means of injury

23. Signature W. T. Boyer (M.D. or other) P. H. S.  
Address Sedalia Mo Date signed 10/7/44

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

264

1122

7:15 P.M., Oct-6

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-2-47

**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 Philip M. Langhin  
Licensed Embalmer No. 3729  
P. O. Address Madalia, 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.**