

FILED FEB 8 1945
128

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Frisco Yards
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield,**
(If outside city or town limits, write "RURAL")
(d) Street No. **1111 S. Main**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Ira Otho Henry**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **UNK.**

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

6. (b) Name of husband or wife **Jewell Henry** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **April 9, 1905**
(Month) (Day) (Year)

8. AGE: Years **39** Months **9** Days **11** If less than one day hr. min.

9. Birthplace **Keltner, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Employee**

11. Industry or business **Railroad**

12. Name **Ira Lamar Henry**

13. Birthplace **Normal, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Lona Walker**

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

16. (a) Informant **Mrs. Jewell Henry**
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 24, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparta, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **1-23-45** (b) **W. E. Hagedley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **20**
year **1945** hour **8** minute **48 P.M.**

21. I hereby certify that I attended the deceased from **No Physician in attendance** 19...
that I last saw him alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple crushing injuries**
Due to **Ran over by R.R. train**

Due to
Other conditions (Include pregnancy within 3 months of death) **10 9/6**

Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** 126

(b) Date of occurrence **Jan 20, 1945**

(c) Where did injury occur? **Springfield, Greene** (City) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. yard, North (Specify type of place) (e) Means of injury **Train**

While at work? **Yes** (M-D, or other)

23. Signature **Wm. C. Stone** (M-D, or other)

Address **Springfield, Mo.** Date signed **1-21-44**

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

MOTHER FATHER

FEB 10 1945

MAY 2 1945

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 Lewis G. Scherpf
Licensed Embalmer No. 3802
P. O. Address Springfield, 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.