. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17087

FILED JUN 7 1945

Registration District No. 7 [illegible]

Primary Registration District No. 5557

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural Sisson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether

In this community 62 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Mountain View, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Oley. Henry

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Leeta Henry

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

7. Birth date of deceased Sept, 7th 1883
(Month) (Day) (Year)

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Howell Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Pink Henry
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Leeta Henry
(b) Address Mountain View, Mo

17. (a) Burial (b) Date thereof 5/24 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director John F. Dinnean
(b) Address Mountain View, Mo

19. (a) 6-4-45 (b) Ruth Hunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1945 hour 9 minute p.M.

21. I hereby certify that I attended the deceased from
, 1940 to May 9, 1945
that I last saw him alive on March 10, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General paresis	
Due to arthritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 30 b	
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 C. R. Terrill (M. D. or other)
Address Mtn. View Mo. Date signed 6-4-45

1105 (Licensed Embalmer's Statement on Reverse Side)

JUN 20 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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mountain View 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.