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M-8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7547

FILED SEP 7 1945

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Days
(Specify whether years, months or days)

In this community 2 1/2 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County H/O

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 908 East 33rd, St. Kansas City, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Tolbert Campbell Henry

(b) If veteran, name war No

(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 Ada

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sep 29 1861
(Month) (Day) (Year)

8. AGE: 83 Years Months 11 Days 9

~~84~~ hr. 0 min.

If less than one day _____

9. Birthplace Berry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mo. Pacific R.R.

MOTHER FATHER { 12. Name Matthew Henry

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Henry

(b) Address 908 East 33rd, St. Kansas City Mo.

17. (a) Ship (b) Date thereof 8 / 29 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) AUG 29 1945 J. F. Brudack
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8/26/45, 1945 to 8/29/45, 1945;
that I last saw him alive on 8/28/45, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Thromb

Due to C. P. J. Lues
Arteriosclerosis

Due to 30 C

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature C. C. Draceh (M. D. or other) _____
Address Mo. Pacific Hospital Date signed 8/29/45

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..... *L.R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address..... *2317 Lafayette*

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.