

STANDARD CERTIFICATE OF DEATH

State File No. 36769

Registration District No. 47

Primary Registration District No. 30023164

Registrar's No. 344

1. PLACE OF DEATH:

(a) County: CALLAWAY Fulton Mo.
(b) City or town: RURAL
(c) Name of hospital or institution: R.F.D. 6, Fulton, Mo.
(d) Length of stay: In hospital or institution. hi Fe
In this community: hi Fe

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: Callaway
(c) City or town: Rural
(d) Street No.: R#6 Fulton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: BABLITT HENAGE

3. (b) If veteran, name war: No. 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: 6. (c) Age of husband or wife if alive: DK years

7. Birth date of deceased: OCT 5 1869

8. AGE: 76 Years, 0 Months, 29 Days. If less than one day: hr. min.

9. Birthplace: OWEN Co. KY. 1

10. Usual occupation: FARMER

11. Industry or business:

MOTHER FATHER { 12. Name: GEORGE HENAGE
13. Birthplace: OWEN Co. KY. 1
14. Maiden name: AMERICA HUGHES
15. Birthplace: OWEN Co. KY. 1

16. (a) Informant: Lewis HENAGE

(b) Address: Fulton Mo.

17. (a) BURIAL (b) Date thereof: NOV. 6 1945

(c) Place: burial or cremation: HILL-CREST

18. (a) Signature of funeral director: Glen Y. Maxson

(b) Address: 712 Cant St. Fulton Mo.
19. Nov. 6-1945 (b) Joseph Morankoff

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 4 year: 1945 hour: 11 minute: 10 P.M.

21. I hereby certify that I attended the deceased from 9-30 1945 to Nov 4 1945 that I last saw him alive on Nov 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary Artery of Heart
Due to: Myocardial Infarction + Hypertension

Other conditions: Arteriosclerosis

Major findings: Of operations: Of autopsy: ghw

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: W. O. Payne (M. D. or other) Address: R#6 Fulton Mo. Date signed: 11-6-45

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

400

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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.....

Glen Y. Mauhin

Licensed Embalmer No. 2725

P. O. Address Fulton 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.