

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1946 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3370

State File No.

Registration District No. 210

Primary Registration District No. 0775

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Rural (Somerset) Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community 82 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer 65
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Monore Henry

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charlotte Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 28, 1868
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Jonathan Henry

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

14. Maiden name Sarah Shira

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

16. (a) Informant Danny Henry
(b) Address Greentown Mo.

17. (a) Burial (b) Date thereof Jan. 29, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
Evergreen Cemetery
(c) Place: burial or cremation Lineville Iowa

18. (a) Signature of funeral director O. O. Shurtleff
(b) Address Lineville Iowa

19. (a) 2-29-46 (b) Ear Martin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1946 hour 6 minute 30 p.a.M.

21. I hereby certify that I attended the deceased from July 16, 1946 to January 16, 1946
that I last saw him alive on Jan 16th 1946:
and that death occurred on the date and hour stated above.

Immediate cause of death Renal Insufficiency
Due to Cardio Vasculae - Renal Disease (Hypertensive)
Due to _____

Duration 3 Months
Many years

Other conditions Carcinoma Right Testis 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy H&E

PHYSICIAN
Underline the case 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? _____ (c) Means of injury _____

23. Signature M. Maria Landut (M. D. or other) _____
Address Lincolnton Mo Date signed 1/28/46

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

Licensed Embalmer No. 3967

P. O. Address Linville La

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.