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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23296 ✓

State File No. \_\_\_\_\_

FILED AUG 13 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 614

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 St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 hrs., 30 min.  
(Specify whether  
In this community, \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell  
(c) City or town Hutton Valley  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jackie Lee Henry

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased: (Month) 7- (Day) 20- (Year) 1946

8. AGE: Years 0 Months 0 Days 0 If less than one day 19 hrs 30 min.

9. Birthplace St. John's Hospital - Springfield  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Wendell D. Henry

13. Birthplace Hutton Valley, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Wray Marie Wood

15. Birthplace Hutton Valley, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wendell D. Henry  
(b) Address Hutton Valley - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Hutton Valley, Mo.  
18. (a) Signature of funeral director Burns & Sons  
(b) Address Willow Spgs., Mo.

19. (a) 7-23-46 (Date received local registrar) (b) D. H. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7, day 21, year 46 hour 1:55 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 7:00 pm, 20 July 1946 to 21 July 1946  
that I last saw him alive on 21 July 1946 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Atelectasis, complete, rt lung, congenital  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 161 w

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 John P. Ferguson (M. D. or other) MD  
Address 732 Medical Arts Springfield Mo. Date signed 23 July 46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
2  
4

20152

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**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.....

P. O. Address.....

**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.**