

S. No. 2
M-8-43
7-5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24220

Registrar's No. 29

Registration District No. 185

Primary Registration District No. 4300

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
Keller Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: - In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn ⁵⁸

(c) City or town Laclede ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? No (Yes or No) ^A
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BENNY HENLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. 512-01-8590

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/24, 1946 to 6/24, 1946
that I last saw him alive on dead on 6/24, 1946
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Julia Bevin Jones Henley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 16, 1883
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

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

10. Usual occupation: Common Laborer

11. Industry or business: David H. Henley

12. Name: David H. Henley

13. Birthplace: Red Bud Illinois
(City, town, or county) (State or foreign country)

14. Maiden name: Martha Irene Lewis

15. Birthplace: Chariton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: D. H. Henley

(b) Address: Laclede, Mo.

17. (a) Burial (b) Date thereof: June 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Laclede, Mo.

18. (a) Signature of funeral director: M. J. Thorne

(b) Address: Laclede, Mo.

19. (a) June 26-1946 (b) Chris A. Martens
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy: 946

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: Oselle (M. D. or other) OCU
Address: Linn Co. Mo. Date signed: 6/26/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

24073

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. E. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.