

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29607

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1025

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Missouri Methodist Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1326 North 20th. Street
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Amie Dick Mc'Henry
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ulah Mc'Henry
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 16 1868

8. AGE: Years Months Days If less than one day
78 6 18 hr. min.

9. Birthplace Fairview Indiana

10. Usual occupation Retired

11. Industry or business Real Estate

12. Name A. J. Mc'Henry

13. Birthplace Unknown Unknown

14. Maiden name Rachel Pearce

15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Bryant King
(b) Address Maitland, Missouri.

17. (a) Removal (b) Date thereof 9/6/1946

(c) Place: burial or cremation Maryville, Missouri.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Sept. 12, 1946 (b) J. J. Neethus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 4th.
year 1946 hour 2 minute 20 P.M.
21. I hereby certify that I attended the deceased from Aug 30 to Sept 4
that I last saw him alive on Sept 4 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia
Duration 2 weeks

Due to
Due to
Other conditions Rept. Chr.
(Include pregnancy within 3 months of death)

Major findings: 131 B
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 J. J. Neethus (M. D. or other)

Address 620 Monroe Date signed 9/15/46

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

MOTHER FATHER

1946 F 100

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 Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.