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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Duncan 797

State File No. 797

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 95

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. John Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1½ Months (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 775 College
(If rural, give location)

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

3. (a) PRINT FULL NAME: Payton Henry

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male O

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Henry

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: July (Month) 25 (Day) 1866 (Year)

8. AGE: Years 80 Months 6 Days 6 If less than one day hr. min.

9. Birthplace: unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Restaurant Operator

FATHER
12. Name: David Henry
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Sunthia
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. May Whitney
(b) Address: Tulsa, Oklahoma

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.

19. (a) 2-3-47 (Date received local registrar) (b) M. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31 year 1947 hour 1 minute 51a. M.

21. I hereby certify that I attended the deceased from Nov, 1946, to Jan 3, 1947; that I last saw him alive on Jan 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Bronchopneumonia — Duration: 2 days

Due to: Carcinoma of Esophagus — 4 mos

Due to:

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

Major findings: Of operations: No

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:

(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? (e) Means of injury: O

23. Signature: T. D. Duncan (M. D. or other) M.D.

Address: Medicos Bldg, Springfield, Mo Date signed: 1-31-47

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(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.