

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 27 1947  
Registration District No. 374

Primary Registration District No. 4547

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Grant city, mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Anna Mae Henry  
3. (b) If veteran. ✓ 3. (c) Social Security name war. ✓ No. ✓

4. Sex ♀ 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Geo. Henry 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 18 (Month) 1865 (Day) (Year)

8. AGE: Years 80 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Rehding (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Eli Hicks  
13. Birthplace Union (City, town, or county) Tennessee (State or foreign country)  
14. Maiden name Fatch  
15. Birthplace Union (City, town, or county) (State or foreign country)

16. (a) Informant George Henry  
(b) Address Grant city, mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Grant city Cemetery

18. (a) Signature of funeral director W. C. Sample

(b) Address Grant city, mo.

19. (a) 1-18-1947 (Date received local registrar) (b) Delta E. Dawson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Worth  
(c) City or town Grant city (If outside city or town limits, write "RURAL")  
(d) Street No. 1 (If rural, give location)  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1947 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1-9-47 to 1-11, 1947; that I last saw him alive on 2:00 am 1-11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days  
Due to Arterio Sclerotic  
Cardio Vascular Disease unknown

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

Major findings: Of operations 99D  
Of autopsy 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?

While at work? ✓ (Specify type of place) (c) Means of injury ✓

23. Signature Frank B. Graham (M. D. or other) ✓  
Address Grant City Date signed 1-13-47

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..... *Arch C. Duffee* .....

Licensed Embalmer No. *3252* .....

P. O. Address *Grant City 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.**