

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

17709

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 22 1947

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 141

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

48
4
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours
(Specify whether)

In this community 10 hours
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence RR3 Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BABY HENRY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 4, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	10 hr. _____ min.

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

10. Usual occupation infant

MOTHER FATHER

11. Industry or business _____

12. Name Breice Henry

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

14. Maiden name Clare Leaver

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Breice Henry

(b) Address RR 3, Independence, Mo.

17. (a) burial (b) Date thereof 5/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Gee C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 5-10-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 4, 1947 to May 4, 1947
that I last saw him alive on May 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized atelectasis Duration _____

Due to Prematurity

Due to Premature rupture of membranes
6 hrs gestation

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

Major findings: None done 159

Of operations _____

Of autopsy None done

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD.

Address Independence Date signed 4-6-47

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1948

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.....

Harlan H. Meyer....., Registered Apprentice No. *506*
working under my personal supervision.

Signed *John Pasley*.....

Licensed Embalmer No. *4308*.....

P. O. Address *Independence 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.