. S. No. 2
00M—2-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1947

Registration District No. 36

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4529

State File No. 23186

Registrar's No.

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Metz
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Metz Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME John C. Henry
3. (b) If veteran, name war -------
3. (c) Social Security No. -------

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Effie Jane Henry
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased December 28 1872 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Ridgeway, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business -------

MOTHER FATHER
12. Name William Henry
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Eliza Mathensy
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Effie Jane Henry
(b) Address Metz, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Balltown Cemetery
18. (a) Signature of funeral director Booths
(b) Address Rich Hill Missouri
19. (a) 5-18-1947 (Date received local registrar) (b) Bertha Single (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1947 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations no medical attendance for the past two years
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

23. Signature Marsh Eichinger (M. D. or other) Coroner 5-11-47
Address Nevada, Mo. Date signed 5-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-47-247
Date Filed 6-24-47

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 Harold M. Douglass, Registered Apprentice No. 410, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.