No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 26 1948

Registration District No. 21

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5100

State File No. 11467

Registrar's No.

1. PLACE OF DEATH:
(a) County: Bates.
(b) City or town: Rural, West Boone Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At farm home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Does not apply. (Specify whether
In this community: 46 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Bates. 7
(c) City or town: Rural, West Boone Twp. 0 (If outside city or town limits, write "RURAL")
(d) Street No. 6 Miles East of Drexel, Mo. 0 (If rural, give location)
0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: Does not apply.

3. (a) PRINT FULL NAME: DAVID EDWARD HENRY.

3. (b) If veteran, name war: None.

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: Lutie Phillips Henry

6. (c) Age of husband or wife if alive: 79 years

7. Birth date of deceased: April (Month) 13 (Day) 1873 (Year)

8. AGE: Years 74 | Months 11 | Days 17 | If less than one day ... hr. ... min.

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

10. Usual occupation: Farmer.

11. Industry or business: General farming.

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

MOTHER
14. Maiden name: Lydia Myers.
15. Birthplace: Maryland. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Kate Gillogly.
(b) Address: Drexel, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/2/1948. (Month) (Day) (Year)
(c) Place: burial or cremation: Sharon Cemetery.

18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Mo.

19. (a) 4/1/48. (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 30, year 1948, hour 5, minute 00 P.M.

21. I hereby certify that I attended the deceased from For the past ten years, 19..., that I last saw him alive on March first, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage - sudden death	
Due to: Hypertension	15 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature: Basil O Hartwell (M. D.)
Address: Drexel Mo. Date signed 4/1/48.

Jefferson City Printing Co.

(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~~ personally

....., Registered Apprentice No.....,

~~working under my personal supervision~~.

Signed.....

Licensed Embalmer No. 1750

P. O. Address Drexel, 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.