No. 2
—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16112

Registration District No. 737 Primary Registration District No. 3023 Registrar's No. 113

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
In this community All of Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Clair 43
(c) City or town Osceola (If outside city or town limits, write "RURAL") 2
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME WILBUR HENRY
3. (b) If veteran, name war World war #2
3. (c) Social Security No. 702-03-5618 0
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Oct 1 1910 (Month) (Day) (Year)
8. AGE: Years 37 Months 7 Days 29 If less than one day ... hr. ... min.
9. Birthplace Osceola Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Rail Roader
11. Industry or business
FATHER
12. Name Walter R. Henry
13. Birthplace West Va (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hettie Chalfant
15. Birthplace Stautland Mo (City, town, or county) (State or foreign country)
16. (a) Informant Walter Henry
(b) Address Osceola Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Cemetery
18. (a) Signature of funeral director J B Goodrich
(b) Address Osceola Mo
19. (a) 5-31-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30 year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from 5-29 1948, to 5-30 1948; that I last saw him alive on 5-30 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute dilatation heart	24 h
Due to: acute alcoholism	3 da
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

150

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 0
23. Signature G S Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 5-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-48-61
Date Filed 6-7-48

JAN 25 1948

JUN 28 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 .....

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

working under my personal supervision.

Signed J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.