No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948 61

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3048

State File No. 20252

Registrar's No. 148

1. PLACE OF DEATH
(a) County Nodaway
(b) City or town Maryville
(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 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ralph Henaker
3. (b) If veteran, name war World War I
3. (c) Social Security No. .....
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Neva May Henaker
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Jan. (Month) 29 (Day) 1897 (Year)

8. AGE: Years 50 | Months 4 | Days 11 | If less than one day ..... hr. ..... min.
9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation laborer
11. Industry or business "
MOTHER FATHER
12. Name James Henaker 0
13. Birthplace Elmo (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mary Olive Watson
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Neva May Henaker
(b) Address Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmo-Mo.
18. (a) Signature of funeral director G.M. Atchison
(b) Address Maryville - Mo.
19. (a) 6/12/48 (Date received by local registrar) (b) Bess Holt (Registrar's signature) 229

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from not attended, 19....., to ....., 19.....; that I last saw him alive on not seen, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular disease of heart - Congestive heart failure	found dead
Due to: Intoxication and	
Due to: drunken brawl	
Other conditions (Include pregnancy within 3 months of death) 0	
Major findings: Of operations 0	
Of autopsy 0	

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? 0 (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature L.E. Dean - Coroner (M. D. or other) MD
Address Maryville Mo. Date signed 6-12-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

JUN 23 1942

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.