DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27162
State File No. _____

FILED AUG 24 1948
Registration District No. 239

Primary Registration District No. 3048

Registrar's No. 201

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

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: __St. Francis Hospital__ 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State __Missouri__ (b) County __Nodaway__
(c) City or town __Barnard Mo. Rural.__
(If outside city or town limits, write "RURAL")
(d) Street No. __No.__ 0 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME __Virgal Eugene Henning__

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex __Male__ 0
5. Color or race __White__
6. (a) Single, widowed, married, divorced __Married__

6. (b) Name of husband or wife __Nell Henning__
6. (c) Age of husband or wife if alive __44__ years

7. Birth date of deceased __Feby, 28 1902__
(Month) (Day) (Year)

8. AGE: Years __46__ Months __5__ Days __10__ If less than one day __hr. ____ min. _____

9. Birthplace __Mound City__ (City, town, or county) __Missouri__ 0 (State or foreign country)

10. Usual occupation __Farmer__

11. Industry or business _____

FATHER
12. Name __Earnest Henning__
13. Birthplace __Unknown__ 9 (City, town or county) (State or foreign country)

MOTHER
14. Maiden name __Susie Judy__
15. Birthplace __Unknown__ 9 (City, town, or county) (State or foreign country)

16. (a) Informant __Mrs. Nell Henning.__
(b) Address __Barnard, Mo.__ 8/10/48.

17. (a) __Burial__ (Burial, cremation, or removal) (b) Date thereof __8/10/48.__ (Month) (Day) (Year)
(c) Place: burial or cremation __Mound City, Mo.__

18. (a) Signature of funeral director __M.L. Crawford__
(b) Address __Mound City, Missouri.__

19. (a) __8-11-48__ (b) __Bess Kolts__
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month __August__ day __8th.__
year __1948.__ hour __1__ minute __30__ P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on __Aug 8__ 19__48__
and that death occurred on the date and hour stated above.

Immediate cause of death __Coronary Occlusion__   Duration __1 hr.__

Due to _____

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.

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 __W. R. Jackson__ (M. D. or other)
Address __Maryville, Mo.__ Date signed __8-9-48__

(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 by _____

Elvan M. Lisbona , Registered Apprentice No. _48_

working under my personal supervision.

Signed _H H Crawford_

Licensed Embalmer No. _1824_

P. O. Address _Mound City, M_

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.