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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30365
Registrar's No. 3

Registration District No. 206

Primary Registration District No. 2042

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
409 Virginia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 67 years
years, months or days

3: (a) PRINT FULL NAME Henry Jefferson Counts

3. (b) If veteran, name war _____

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 Mollie Counts

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 30 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 11

If less than one day _____ hr. _____ min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Charles Counts

13. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Hicks

15. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Bess

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 9-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Webb-Adams

(b) Address Fredericktown, Mo.

19. (a) 9-14-1948 (b) Charles Webb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. 409 Virginia Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 4, 1948, to Sept 11, 1948; that I last saw him alive on Sept 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Benneth P. Pugh (M. D. or other) MD

Address Fredericktown, Mo. Date signed 9/13/48

Duration 8 days

Duration 10 years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 948-1206
Date Filed 9-23-48

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

L. Peljean Edmond

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.