

FILED OCT 25 1948  
Registration District No. ....

Primary Registration District No. 3038

Registrar's No. 874

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLarney Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 30 years  
(years, months or days)

3. (a) PRINT FULL NAME ROBERT WAKEFIELD HENTON

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Grace A. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 29 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Augusta Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Harry Henton

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wakefield

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Henton

(b) Address Laclede, Missouri

17. (a) Burial (b) Date thereof 10/18/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Missouri

18. (a) Signature of funeral director Brookfield Funeral Home

(b) Address Laclede, Missouri

19. (a) 10-14-48 (b) W. B. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1948 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 10, 1947, to October 5, 1948,  
that I last saw h. i. m. alive on Oct 5, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia, Revers  
Due to Parkinson's disease

Duration 3 wks.

Due to .....

Other conditions SAC  
(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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

(Specify type of place) (e) Means of injury .....

23. Signature Raymond ... (M. D. or other)  
Address Brookfield, Mo. Date signed 10/10/48

DISTRICT HEALTH OFFICE  
Cameron, Mo

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.....

*W.R. Wright*....., Registered Apprentice No. *207*  
working under my personal supervision.

Signed *W.G. Thorne*.....

Licensed Embalmer No. *2876*.....

P. O. Address *Laclede, Missouri*.....

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.