

FILED DEC 4 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38966  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3151  
 (b) Township BONHOMME Primary Registration District No. 3151 Registered No. 2109  
 (c) City MANCHESTER (d) Street No. PINE CREST HOME DIV. #2 2109 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and Number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Woodrow Wilson Henry  
 (a) Residence, No. Whiteside, Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
34 - 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. general day labor  
 10. Date deceased last worked at this occupation (month and year) 1944 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whiteside, Mo.

FATHER 13. NAME George Henry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

MOTHER 15. MAIDEN NAME Minnie Dalton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

17. INFORMANT (ADDRESS) Clarence C. Henry, Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Corner Stone - Lincoln Co. DATE Nov 25 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John E. McCue, Eolia, Mo.

20. FILED 11-23- 1948 Third District, Overland, Mo. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21/1948

22. I HEREBY CERTIFY, That I attended deceased from MARCH 15, 1948 to NOV 22, 1948

I last saw him alive on NOV 15, 1948. Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

Epilepsy  
85  
 Date of onset

Other contributory causes of importance:

Name of operation: \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) G. J. Merklein M.D. M. D.  
 (Address) 3507 Poloma 11-22-48

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 *Norman E. Gooch*.....

Licensed Embalmer No. *2342*.....

P. O. Address *Esler 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, above space should be left blank.**