

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5372

BIRTH NO. REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 2618 Registrar's No. 74

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| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Greensburg</u> c. LENGTH OF STAY (If this place) <u>at the life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Greensburg</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Virah</u> | b. (Middle) <u>May</u> | c. (Last) <u>Henry</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1949</u> |
|-------------------------------------|-------------------------|------------------------|------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|--|--------------------------------------|---------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 13 1885</u> | 9. AGE (In years last birthday) <u>64</u> Months <u>0</u> Days <u>11</u> | IF UNDER 1 YEAR Hours <u>11</u> Min. | IF UNDER 24 HRS. Hours <u>11</u> Min. |
|----------------------|-------------------------------|---|--------------------------------------|--|--------------------------------------|---------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Adair County Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Edwin Damon</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Sloum</u> | 14. NAME OF HUSBAND OR WIFE <u>Bert Henry</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Bert Henry</u> ADDRESS <u>Greensburg Mo</u> |
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| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>High blood pressure</u> DUE TO (c) <u>—</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u> | | | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>311</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb 23, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

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|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>E. E. Symmonds D.O.</u> | 23b. ADDRESS <u>Memphis Mo</u> | 23c. DATE SIGNED <u>Mar 3-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 26 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg Cemeter</u> | 24d. LOCATION (City, town, or county) (State) <u>Greensburg Mo</u> |
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|--|---|---|
| DATE REC'D BY LOCAL REG. <u>Mar-5-49</u> | REGISTRAR'S SIGNATURE <u>Willie S. Nunant</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert H. Baskin</u> ADDRESS <u>Memphis</u> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

529

RECEIVED

District Health Officer No. 10

District File Number 3-49-423

Date Filed MAR 7 - 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 4258

P. O. Address Memphis 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.