

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1949

State File No. **9102**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3037** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin (Rural) Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin (Rural) Marceline	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1			

3. NAME OF DECEASED (Type or Print) CHARLEY HENNING			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 3, 1867		9. AGE (In years last birthday) IF UNDER 1 YEAR 82 0 20
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Fort Wayne, Ind		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Henning	13b. MOTHER'S MAIDEN NAME Mary Harshberger	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Georgia Henning ADDRESS: Bucklin MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-14-49 To 2-23-49
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Transition & Debilitation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dysphagia assoc. with Gynhosis of liver DUE TO (c) ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage pericapsular into alimentary canal due to hypertension			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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) M. MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 14**, 1949, to **Feb 23**, 1949, that I last saw the deceased alive on **Feb 23**, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John Otis Carr	(Degree or title) D.O.	23b. ADDRESS 124 W. Ritchie St Marceline	23c. DATE SIGNED Feb. 25 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Bucklin MO
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DATE REC'D BY LOCAL REG. Feb 26, 1949	REGISTRAR'S SIGNATURE Mary Jane Owens	EMERALD DIRECTOR'S SIGNATURE Garson Funeral Service, Bucklin MO	ADDRESS
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. J. Larson

Signed _____
Student Embalmer

Licensed Embalmer No. *4037*

P. O. Address *Quacken, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.