

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16249**
Registrar's No. **146**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence | |
| c. LENGTH OF STAY (in this place) 2 days | | d. STREET ADDRESS (If rural, give location) 118 E. Linden | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium | | | |

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|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) Frank Henry | | | 4. DATE OF DEATH (Month) (Day) (Year) May 12, 1949 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Jan. 13, 1867 | 9. AGE (In years last birthday) 82 | 10. CITIZEN OF WHAT COUNTRY? USA |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Union Tank Co. | | 11. BIRTHPLACE (State or foreign country) unknown, Sweden | |

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|------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME unknown, Henry | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Minnie Henry | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Henry, Independence, Mo. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Due to (b) Hy pertension Due to (c) Chronic nephritis & arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 3 days 1 year 331k | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION No operation | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 <u>May 10</u>, 19<u>49</u>, to <u>May 12</u>, 19<u>49</u>, that I last saw the deceased alive on <u>May 12</u>, 19<u>49</u>, and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above. | | | | | |

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|--------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 23a. SIGNATURE (Degree or title) C. H. Allen M.D. | | 23b. ADDRESS First National Bank | | 23c. DATE SIGNED 4-13-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE May 14, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | |
| | | 24d. LOCATION (City, town, or county) Independence, Mo. | | (State) | |

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|-------------------------------------------------------|--|-------------------------------------------------------|--|------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. May 14 1949 | | REGISTRAR'S SIGNATURE Geo. B. Carson | | 354 FUNERAL DIRECTOR'S SIGNATURE Geo. B. Carson | |
| | | | | ADDRESS Independence, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

48
44
44

MAY 31 1949

MAY 25 1949

MAR 26 1958

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. 268

working under my personal supervision.

Signed *Richard H. Mullins*
Student Embalmer

Signed *John Pasley*
Licensed Embalmer No. 4308

P. O. Address *Independence*

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.