

12
9

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

BIRTH NO.		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 6264		Registrar's No. 8							
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Webster									
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour Rt 1		c. LENGTH OF STAY (in this place) Seymour Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour Rural Hazelwood									
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Hazelwood, Mo				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print) HENRY			a. (First)		b. (Middle)		c. (Last) HANEY						
4. DATE OF DEATH May 22 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 30 1965		9. AGE (in years last birthday) 83		10. UNDER 1 YEAR Months 10 Days 22		11. UNDER 100 Hrs. Hours Min.			
5. SEX M		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Rolla Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Rural Hanev				13b. MOTHER'S MAIDEN NAME Martha Ball				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Christene McInally								ADDRESS Seymour Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degeneration of eye DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yr	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 2, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949, and that death occurred at 2:40 A.M., from the causes and on the date stated above.													
23a. SIGNATURE J. R. Lee				23b. ADDRESS Seymour Mo		23c. DATE SIGNED 5-28-49		23d. DEGREE OR TITLE D.O.					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-23-49		24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) 9 mile N. of Seymour Mo		24e. (State)					
DATE REC'D BY LOCAL REG. June 2, 49		REGISTRAR'S SIGNATURE Gilbert Jones		25. FUNERAL DIRECTOR'S SIGNATURE Kellar, Farrell Bergman		ADDRESS Seymour Mo							

RECEIVED

District Health Officer No. 6,

District File Number 649-656

Date Filed 6-9-49

This body has not been embalmed

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.