

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36171

State File No.

FILED DEC 1 1949

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> <u>0</u> (township)		c. LENGTH OF STAY (in this place) <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C.O. S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1302 S. Baltimore</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>J.</u>	c. (Last) <u>McHenry</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov.</u> <u>17</u> <u>1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1873</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 14 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>Putman County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George McHenry</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Caster</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Chapman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary McHenry</u>	ADDRESS <u>Kirksville, 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>6 mos</u> <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>181X</u>

19a. DATE OF OPERATION <u>9-4-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Extensive Carcinoma of Posterior bladder wall</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to Nov. 17, 1949, that I last saw the deceased alive on Nov. 17, 1949, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul R. Royle</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Kirksville, Missouri</u>	23c. DATE SIGNED <u>11-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kirksville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-19-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>	ADDRESS <u>Kirksville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 28 1949
District Health Officer No. 10
District File Number ~~11-49-197~~
Date Filed ~~NOV 28 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.

Student _____
Student Embalmer

Signed _____

R. G. M. H. Meier

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.