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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH  
a. COUNTY Cole  
b. CITY OR TOWN Jefferson City  
c. LENGTH OF STAY (in this place) 4 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Moniteau  
TOWN Jefferson City East of Tipton, Mo.  
d. STREET ADDRESS Rural 4 miles East of Tipton, Mo.

3. NAME OF DECEASED (Type or Print)  
a. (First) John  
b. (Middle) J.  
c. (Last) Henry

4. DATE OF DEATH (Month) (Day) (Year)  
Sept 21 / 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH April 7, 1878

9. AGE (If years last birthday) 72  
If under 1 year: Months 5 Days 14  
If under 12 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Moniteau County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Calvin Henry

13b. MOTHER'S MAIDEN NAME Elizabeth Garn

14. NAME OF HUSBAND OR WIFE Rosa Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no., or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Henry, Tipton, Mo  
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Abdominal aortic dissection aneurysm  
ANTECEDENT CAUSES (b) None obtainable  
(c) none  
II. OTHER SIGNIFICANT CONDITIONS (a) none

INTERVAL BETWEEN ONSET AND DEATH 6 mos  
122X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Sept. 19, 1950, to Sept 21, 1950, that I last saw the deceased alive on Sept 21, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE M.R. Adredge M.D.  
(Degree or title)

23b. ADDRESS 234 Madison St, Jefferson City, Mo

23c. DATE SIGNED 9/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
b. DATE Sept 21/50

24c. NAME OF CEMETERY OR CREMATORY Moreau Cemetery

24d. LOCATION (City, town, or county) (State) 4mi S.E. Tipton, MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE Sept 22-1950 R.P. Harris, MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
M.R. Jewell - E. Richards Tipton Mo

RECEIVED 9-23-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-23-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. E. Richard*  
Licensed Embalmer No. *2466*  
P. O. Address *Lipton, 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.