

APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10896
Do not use this space.

1. PLACE OF DEATH *Henry* 2
 (a) County *Henry* Registration District No. *347*
 (b) Township *Unick* Primary Registration District No. *4210* Registered No. _____
 (c) City *Unick* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Clarence E. Henney 500*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Helen E. Henney*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 16 - 1891*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Farmer*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *Life*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry Co., Mo.*
 FATHER 13. NAME *Rudolph Henney*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
 MOTHER 15. MAIDEN NAME *Lizzie Goodway*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*
 17. INFORMANT (ADDRESS) *Helen E. Henney Unick, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mullen Cemetery, 4 1938*
 19. FUNERAL DIRECTOR (ADDRESS) *William B. Home Clinton, Mo.*
 20. FILED *4-5 1938 Dr. J. R. Hampton 312*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2 1938*
 22. I HEREBY CERTIFY, that I attended deceased from *about 3 weeks*, 19 *April 4*, 19 *38*
 last saw him alive on *April 10*, 19 *38* Death is said to have occurred on the date stated above, at *10 P.* m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (about 3 weeks duration)
 Other contributory causes of importance: *10 P.*
 Name of operation *None* Date of _____
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify *S. W. Wolther, M. D.*
 (Signed) *S. W. Wolther, M. D.*
 (Address) *Coleman, Mo.*

CONTINUING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, H. E. Wilkinson, Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ~~W. H. Jackson~~ H. E. Wilkinson

No. ~~2478~~ 528 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. E. Wilkinson
Licensed Embalmer No. ~~2478~~ 3

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.)