

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

14973
Do not use this space.

DECD MAY 16 1939

1. PLACE OF DEATH 2

(a) County Henry Registration District No. 379

(b) Township Springfield Primary Registration District No. 5580

(c) City Calhoun (d) Street No. _____ St. _____

(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 Henretta Petch

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Petch</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1899</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>9</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor Mo</u>				
FATHER	13. NAME <u>John J. Baker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor Mo</u>			
MOTHER	15. MAIDEN NAME <u>Margaret J. Stephens</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crossville Ind.</u>			
17. INFORMANT <u>Anna Brayton</u> (ADDRESS) <u>Amoret Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun</u> DATE <u>April 10 39</u>				
19. FUNERAL DIRECTOR <u>J. A. Housley</u> (ADDRESS) <u>Calhoun Mo</u>				
20. FILED <u>4-9</u> , 19 <u>39</u> <u>Mo. A. A. Gray</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 8 1939</u>	
22. I HEREBY CERTIFY, that attended deceased from <u>March 28 1939</u> to <u>April 8 1939</u>	
I last saw him alive on <u>April 8 1939</u> Death is said to have occurred on the date stated above, at <u>10 a. m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Septic Ulcer</u>	
Other contributory causes of importance: <u>Influenza</u>	Date of onset <u>?</u>
Name of operation _____ Date of _____	
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 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? <u>No</u> If so, specify _____ (Signed) <u>J. A. Housley</u> M. D. <u>314</u> (Address) <u>Calhoun Mo</u>	

WRITE PLAINLY, WITH UNFADING 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.

50M-750-37 I X12004

RECEIVED

District Health Officer No. 7,

District File Number 1-35-810

Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

I, J A Housey, Licensed Embalmer No. 3502,

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed J A Housey
Licensed Embalmer No. 3502,

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.)