

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

**43497**  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
 (a) County Henny Registration District No. 347  
 (b) Township White Oak Primary Registration District No. 5495  
 (c) City Urich or (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alpha Helena Henny  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Clarence R. Henny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7<sup>th</sup> 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	43	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as saw mill, bank, etc. Own - home

10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urich  
Henny Co. Mo U

FATHER

13. NAME Jacob Dall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Alpha Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Lula Dall  
Urich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mullen Camp DATE Dec 11<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Wilkinson  
Clinton Mo

20. FILED 12-11 19 39 W. J. R. Hampton Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10<sup>th</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1<sup>st</sup> 1939 to Dec 10<sup>th</sup> 1939  
 I last saw him alive on Dec 10<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 2:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Diabetes Mellitus 1924  
54

Other contributory causes of importance: \_\_\_\_\_

Name of operation Op. & Lab. Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. 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 \_\_\_\_\_ (Signed) J. G. McDonald, M. D.  
 \_\_\_\_\_ (Address) Urich Mo

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.

1 X16603

RECEIVED

Dist. No. with Officer No. 7,  
District File Number 7-46-55-  
Date Filed 1-9-40

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**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Fred Welkusa*

Licensed Embalmer No. 2478

P. O. Address Clinton Ma

**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, above space should be left blank.**