

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 1 (1935)

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **7468**Registrar's No. **24**MAR 19 1941  
Registration District No. **496**Primary Registration District No. **3025**

## 1. PLACE OF DEATH:

(a) County Lin  
 (b) City or town Brookfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Brookfield  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify other)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT  
FULL NAMEAnna Maude McHenry3. (b) If veteran,  
name war no3. (c) Social Security  
No. none

4. Sex 21 5. Color or W 6. (a) Single, widowed, married,  
race \_\_\_\_\_ divorced 0  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 1 3 hr. min.9. Birthplace Brookfield Mo.  
(City, town, or county) (State or foreign country)

## 10. Usual occupation

## 11. Industry or business

12. Name J. P. McHenry  
 13. Birthplace Lin 0  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Smith  
 15. Birthplace Lin 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. P. McHenry  
 (b) Address Brookfield, Mo.  
 17. (a) Burial (b) Date thereof 2-17-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside  
 18. (a) Signature of funeral director James B. McChesney  
 (b) Address Brookfield, Mo.  
 19. (a) 2-17-41 (b) James B. McChesney  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lin **58**  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1941 hour 5 minute 15 A. M.21. I hereby certify that I attended the deceased from Feb 16  
\_\_\_\_\_, 1941, to Feb 17, 1941;  
that I last saw her alive on Feb 16, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Prematurely  
(7 mths)Due to 54  
15Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
4 of 6 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. P. McHenry (M. D. or other) MD  
Address Brookfield, Mo. Date signed 2-17-41

(Licensed Embalmer's Statement on Reverse Side)

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**