

FILLED NOV 14 1941
Registration District No. 308

Primary Registration District No. 0502

Registrar's No. _____

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON - RURAL, MO.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton - Rural, Mo.
(d) Street No. north of Clinton 10 mi.
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME THOMAS FRED HETHERINGTON
8. (b) If veteran, name war no 8. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 21
year 1941 hour 9:40 minute P.M.
21. I hereby certify that I attended the deceased from Jan, 1941, to Oct 21, 1941.
that I last saw him alive on 10-21, 1941
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ISABELLE HETHERINGTON 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased AUG 7 1858
(Month) (Day) (Year)

Immediate cause of death
Chronic nephritis
& Bronchitis
Duration 9 Mo

8. AGE: Years 83 Months 2 Days 14 If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Lee, Co. Ark. (City, town, or county) (State or foreign country)

Other conditions arterio-sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation FARMER

11. Industry or business FATHER
12. Name GEORGE HETHERINGTON
13. Birthplace ENGLAND
14. Maiden name NANCY VAN AUSSON
15. Birthplace NEW YORK

PHYSICIAN
Major findings:
Of operations 13/a
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Thomas Fred Hetherington
(b) Address Clinton Mo. R. # 1

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Englewood

While at work? _____ (Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director H. H. Hays
(b) Address Clinton Mo. Hibler

23. Signature H. H. Hays (M. D. or other) M.D.
Address Clinton Mo Date signed 10-23-41

19. (a) 10-22 (b) E. G. Hibler
(Date received local registrar) (Registrar's signature)

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.

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1812

Date Filed 11-6-41

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, by

H. A. Vassant, Registered Apprentice No. _____
working under my personal supervision.

Signed

H. A. Vassant

Licensed Embalmer No.

3779

P. O. Address

Clinton, 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, above space should be left blank.