

No. 2
9-4-41
5-17-39
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2351

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 21 1943 137

Registration District No. 137 Primary Registration District No. 5507

Registrar's No. 232

42
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County HENRY - DAVIS - TWP
(b) City or town CLINTON VAH #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
RURAL HW 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Clinton - Rural VAH #2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Davis Sup.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHRISTIAN HENNY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY ANN HENNY 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased OCT 7 - 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 2 13 hr. min.

9. Birthplace NEAR BERN SWITZ. SWITZ
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

MOTHER FATHER { 12. Name BENEDICK HENNY
13. Birthplace BERN SWITZ
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Zehnder
15. Birthplace Bern Switz 5
(City, town, or county) (State or foreign country)

16. (a) Informant DAN T. Yates
(b) Address Clinton VAH

17. (a) Rural (b) Date thereof Dec 21 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell Cem.

18. (a) Signature of funeral director J.H. Vincent
(b) Address Clinton Mo.

19. (a) Dec 21, 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1942 hour 4:10 minute AM

21. I hereby certify that I attended the deceased from Dec 17
1940 to 1942
that I last saw him alive on Dec 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration 3 yrs

Due to Senility ?
Due to 92

Other 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?

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

23. Signature J. B. McDonald (M. D. or other) _____
Address Clinton Mo. Date signed 12-20-42

RECEIVED

District Health Officer No. 7,

District File No.

12-42-14 3 8

1-14-43

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

V. J. Ganssant

Licensed Embalmer No.

3779

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, fact should be so stated above.