

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
 FILED MAR 8 1944

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 44

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 602 6th Ohio
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. 602 6th Ohio
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter S. Henry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 14
 year 1944 hour 8 minute 15 P.M.
 21. I hereby certify that I attended the deceased from 2-10 1944 to 2-14 1944
 that I last saw him alive on 2-13 1944
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lillie Henry 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased: 10 (Month) 3 (Day) 1884 (Year)

Immediate cause of death Pulmonary Edema
 Due to Cerebral Infection 5 days

8. AGE: Years 68 Months 4 Days 11 If less than one day _____ hr. _____ min.

Due to Insanity 4 yrs
 Other conditions (Include pregnancy within 3 months of death) _____
 May findings: Of operations None Of autopsy None

9. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

MOTHER FATHER
 11. Industry or business _____
 12. Name Phillip Henry
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda
 15. Birthplace Prussia
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Insanity

16. (a) Informant J. W. Henry
 (b) Address Clinton Mo
 17. (a) Funeral (b) Date thereof 2/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood, Ill
 18. (a) Signature of funeral director Eda Wilkerson
 (b) Address Clinton Mo
 19. (a) February 16, 1944 (b) Georgia Kitcher
(Date received local signature) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature Ed C. Peeler (M. D. or other) _____
 Address Clinton Mo Date signed 2/16/44

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

1069

298 3/4

RECEIVED
District Health Officer No. 7,
District File Number 2-44-195
Date Filed 3-4-44

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 W. Peterson

Licensed Embalmer No. 2478

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, fact should be so stated above.