

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1945
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 48

Primary Registration District No. 3023

12-1-20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Gull Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
In this community all life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Henry 42
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 320 E. Ohio
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 22
year 1945 hour _____ minute 11 A M.
21. I hereby certify that I attended the deceased from 2-20 1945 to 2-22 1945
that I last saw him alive on 2-22 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 30 1874
(Month) (Day) (Year)

Immediate cause of death acute nephritis with dyspnea Duration 5 da

8. AGE: Years 70 Months 10 Days 22 If less than one day hr. _____ min. _____

Due to _____
Due to Influenza 7 da

9. Birthplace Henry mo (City, town, or county) (State or foreign country)
10. Usual occupation House work

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 231

11. Industry or business _____
12. Name David A Henry
13. Birthplace Penn (State or foreign country)

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? _____

14. Maiden name Mary Volaw
15. Birthplace Jay mo (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Sally Henry
(b) Address Clinton mo
17. (a) Burial (b) Date thereof 2-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature H. Walpus (M. D. or other) MD
Address Clinton Date signed 2-22-45

(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director C. W. Adams + Beck
(b) Address Clinton mo
19. (a) February 24, 1945 (Date received local registrar) J. W. Rittenbury (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7;

District file number 2-45-172

Date Filed 3-9-45

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.....

J. E. Consalus
Licensed Embalmer No. 1891

P. O. Address.....
Clinton Md

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.