

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33665

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 246		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give town) Clinton		c. LENGTH OF STAY (in this place) 16 years		c. CITY (If outside corporate limits, write RURAL and give township) Clinton				
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital				d. STREET ADDRESS (If rural, give location) 304 S. Water St.				
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) LENA c. (Last) HENNY			4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 22, 1879		9. AGE (in years last birthday) 70	10. MONTHS 6	11. DAYS 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Henry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John F. Klawner			13b. MOTHER'S MAIDEN NAME Lena Mullet		14. NAME OF HUSBAND OR WIFE John G. Henny			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John G. Henny			ADDRESS Clinton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) Chronic ulcerative Colitis				INTERVAL BETWEEN ONSET AND DEATH 9 hrs Unknown 4 1/2 hrs 30 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1945, to Nov 9, 1949, that I last saw the deceased alive on Nov 9, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.								
23a. SIGNATURE S. B. Weyler, M.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11/11/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Mo.			
DATE REC'D BY LOCAL REG Nov 11-1949		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE N. S. Vansant		ADDRESS Clinton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1348

Date Filed 11-14-49

AUG 5

1957

JUL 23 1956

JUN 22 1957

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

H. J. Tansant

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.