No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8330

Registration District No. 809 Primary Registration District No. 6054 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Nesar Gorin, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Harrison Inn (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Harrison Inn 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry Clay Dean See

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nora See

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May (Month) 22 (Day) 1861 (Year)

8. AGE: Years 79 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Henry County Iowa. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles See
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Sarah Kerr
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Jason See

(b) Address Rutledge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Gorin Cemetery

18. (a) Signature of funeral director Geo V Barkett

(b) Address Gorin Mo

19. (a) Feb 13 1941 (Date received local registrar) (b) Mrs R E Shacklett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 26 day year 1941 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Dec. 19 1940, 19, to Jan 26, 1941 that I last saw him alive on Jan, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	1-25-40
Due to Strangulated Hernia	1-25-40
Due to Hernia	
Other conditions (Include pregnancy within 3 months of death): Coronary artery disease, Arterial Hypertension	

Major findings:
Of operations
Of autopsy 12 24

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? 8 x 5 (Specify type of place)

While at work? (e) Means of injury

23. Signature E E Gilfillan (M. D. or other) 0

Address Memphis, Mo. Date signed 2-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-465
Date Filed MAR 8 1941

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 Geo. V. Barker Jr

Licensed Embalmer No. 1817

P. O. Address Gorham, Me

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.