

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31235

FILED OCT '3 1941  
Registration District No. 706

Primary Registration District No. 4069

Registrar's No. 9

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU  
(b) City or town GORDONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community ABOUT 60 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY-WILLIAM-BUH1

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MC 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 Don't Know (Month) (Day) (Year)

8. AGE: Years ABOUT 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace 4 GERMANY (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED-MAIL-CARRIER

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilbur Harrison  
(b) Address Jackson MO

17. (a) Burial (b) Date thereof 9 19 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Gordonville MO

18. (a) Signature of funeral director Wilbur Harrison (Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
(b) Address Jackson MO

19. (a) Sept 17 41 (b) Mrs M. E. Ford (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU  
(c) City or town GORDONVILLE (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. about 50 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1941 hour 6 minute 18 P.M.  
21. I hereby certify that I attended the deceased from Sept 16, 1941, to Sept 16, 1941; that I last saw him alive on Sept 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction with mitral insufficiency  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 938 (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature W. W. Ford (M. D. or other) \_\_\_\_\_  
Address Gordonville, MO Date signed 9/16/41

Duration not known  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

♦ **If this body is not embalmed, above space should be left blank.**