S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5896

State File No. 15183

Registrar's No. 133

80
0
0

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural Heath Creek Tw

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Beaman R.F.D. # 1. 1

(If not in hospital or institution, write street number or location)

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

In this community Lifetime

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. Blaman R.F.D. #1 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Laben Retherford

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Matilda A.

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

7. Birth date of deceased March (Month) 14 (Day) 1861 (Year)

8. AGE: Years 81 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Pettis Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unkown
13. Birthplace " 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant Wallace Retherford

(b) Address Beaman R.F.D. # 1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/42 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green, Mo.

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia, Mo.

19. (a) 4/4/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3

year 1942 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from viewed body of 4-3- 1942 to 19

that I last saw h alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed evidently some heart condition probably coronary

Due to Occlusion

Due to

Other conditions (Include pregnancy within 3 months of death)

94a

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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? 0

(Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Bishop M.D. Coroner (M. D. or other)

Address Sedalia Mo Date signed 4-4-42

1942 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-19-42

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 L. E. Bouchelin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.