

FILED APR 19 1943

Registration District No. 362

Primary Registration District No. 6235

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural-Pinckney Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 11-9
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Pinckney Twp.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Simon Thee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Coutts Thee 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 15 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Charles Thee

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lyles

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Thee

(b) Address Warrenton, Mo. Rt. 3

17. (a) Burial (b) Date thereof March 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Creek Meth. Ch.

18. (a) Signature of funeral director F.W. Melusie Co.

(b) Address Warrenton, Mo.

19. (a) Mar. 19, 1943 (b) John A. Bebermeyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 year 1943 hour _____ minute 1/2 M.

21. I hereby certify that I attended the deceased from Apr 1 1942 to Mar 14 1943 that I last saw him alive on Mar 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 1 week
chr. myo carditis 3 yrs
genl arterio sclerosis 10 yrs
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: 93d
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J.A. Bebermeyer (M. D. or other) O. Spen
Address Warrenton Mo. Date signed 3/15/43

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

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, John
....., Registered Apprentice No.
working under my personal supervision.

Signed John Diebing
..... Licensed Embalmer No. 3895
..... P. O. Address Warrenton, 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.