

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7314

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>	
c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>713 9th street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 9th street</u>		d. STREET ADDRESS (If rural, give location) <u>713 9th street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 17, 1862</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>6</u>	11. DAYS <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master Mechanic (Retired) Frisco RR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Pacific Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Henry</u>	
13b. MOTHER'S MAIDEN NAME <u>Honora Moogan</u>		14. NAME OF HUSBAND OR WIFE <u>Bridget Philomene Duff</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Catherine Henry - Monett Mo</u>		ADDRESS <u>Monett Mo</u>	
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) <u>Cerebral Hemorrhage</u> <u>left Hemiplegia Coma</u> DUE TO (b) <u>that occurred in this</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Don't know 331T</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
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) _____		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: <u>3-21</u> , 19 <u>48</u> , to <u>3-31</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>49</u> , and that death occurred at <u>9</u> A.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>F. J. Moennighoff M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>4-2-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dillon Funeral Home - Monett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-2-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>	

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

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RECEIVED

District Health Officer No. 6,

District File Number 449-431

Date Filed 4-8-49

APR 12 1949

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.