

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18185

State File No.

Registrar's No. 32

FILED JUN 4 1947

Registration District No. 220

Primary Registration District No. 3046

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town California mo.
(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 (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME HETTIE MARIE HENRY

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

4. Sex Female 5. Color or race White 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 Jan 31 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 14 hr. min.

9. Birthplace Waukesha Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Music Teacher

11. Industry or business

12. Name Dont know 7
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Eva Cavers
(b) Address California mo.

17. (a) Burial (b) Date thereof 5-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery

18. (a) Signature of funeral director Wm. E. Williams
(b) Address California mo.

19. (a) 5-16-46 (b) H.R. Popejoy
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town California mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 46
year 1947 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 25 1946 to May 10 1947
that I last saw him alive on May 10 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Coronary Thrombosis

Due to Arterio Sclerosis 10-40

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Burkhardt (M. D. or other)
Address California mo. Date signed 5-16-47

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 6-3-47

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 Hugh E Williams
Licensed Embalmer No. 3527
P. O. Address California 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.