

REC'D JUN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19407

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francis Registration District No. 779
 (b) Township St. Andrew Primary Registration District No. 60240 Registered No. _____
 (c) City Farmington (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

AMADA MELISA McHENRY 256
 (a) Residence, No. Farmington Route 4 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie McHenry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grandall, Mo.

FATHER 13. NAME Alford Merrill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Cloa Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Conn.

17. INFORMANT Renee McDaniel
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Park View DATE 5-15-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Boyd

20. FILED 6-9 38 W. B. Blackburn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 1938

22. I HEREBY CERTIFY, That I attended deceased from May 8 1938 to May 13 1938
 I last saw her alive on May 13 1938. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset
5-8-38

Other contributory causes of importance
Cardio-Renal Disease 1920

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Geo. L. Watkins, M. D.

(Address) Farmington, Mo. 700

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..... *C. J. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *Deerage, Mo*

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

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