

REC'D JAN 13 1939

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

41782

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 14th Primary Registration District No. 1002 Registered No. 4848
(c) City N. C. 220 (d) Street No. 1924 Jackson 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 3 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Learner Frances Headley
(a) Residence, No. 1924 Jackson 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 FE 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace Headley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1864

7. AGE YEARS 74 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. House
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) Indiana13. NAME Unk Cole14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Unk Shaw16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT (ADDRESS) Mrs Hazel Sawyer 1924 Jackson18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Dec 14 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. F. Henderson 14 N. C. 22020. FILED Dec 12 1938 W. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to Dec 11, 1938
I last saw her alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

Cancer of womb.

Date of onset

Other contributory causes of importance:

Adenocarcinoma of cervix
ScurvyName of operation none Date of.....What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no
If so, specify.....(Signed) John George M. D.(Address) 2515 Woodland

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.