REC'D MAR 16 1939

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

6202
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton / Registration District No. 175
(b) Township Primary Registration District No. 4104 Registered No. 9
(c) City Salisbury, Mo. (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 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Henderson
(a) Residence, No. Salisbury, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1848

7. AGE: Years 90 Months 5 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Randolph County

FATHER
13. NAME Henry T. Brogan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Jane Montogermy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Charlie Henderson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clifton Hill DATE Feb 27 1939

19. FUNERAL DIRECTOR (NAME) Gus Winkelmeyer
(ADDRESS) Salisbury, Mo.

20. FILED Mar 6 1939 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to Feb 26, 1939
I last saw her alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	
AHW	

Other contributory causes of importance:
Myocarditis, attack of angina pectoris two days before the 2nd attack of pneumonia 2 mo.
Name of operation Date of
What test confirmed diagnosis? Clinical ~~or autopsy~~ autopsy? no

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? no
If so, specify
(Signed) E. L. Eichhorn M.D.
(Address) Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Every item of information should be carefully supplied. Avoid abbreviations. Write in ink. Physician should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/3/39

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, Kirk V. Winkelmayer, or by

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

Signed Kirk V. Winkelmeyer

Licensed Embalmer No. 3981

P. O. Address Salisbury, M

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

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