

REC'D JUN 21 1939

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

18959

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 416
 (b) Township Sarcoxie Primary Registration District No. 8571B Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

560 Nellie Mable Henry
 (a) Residence, No. Sarcoxie, Route #2 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roscoe Henry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 12, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 11

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) Sarcoxie 0
 (STATE OR COUNTRY) Missouri 1

FATHER 13. NAME T.P. Taylor
 14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Viola McKenzie
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Iowa

17. INFORMANT Mrs. Roscoe Henry
 (ADDRESS) Sarcoxie, Route #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcoxie Cemetery DATE 5-24-39

19. FUNERAL DIRECTOR (NAME) Ulmer
 (ADDRESS) Carthage, Mo.

20. FILED May 24, 1939 Leroy Sumner Local Registrar. 376

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to May 23, 1939
 I last saw her alive on May 25, 1939 Death is said to have occurred on the date stated above, at 5:00a.m.

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

Cerebral hemorrhage Date of onset 5/23/39

Other contributory causes of importance:

Arterio Sclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Ulcer Was there an 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) Leroy Sumner M. D.
 (Address) Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1138

Date Filed JUN 2 1939

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

Ed ...

Licensed Embalmer No.

2222

P. O. Address

Carthage

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.