

Registration District No. 186.

Primary Registration District No. 5261B

22

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Chadwick Rural Jesdhill
(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 2
(Specify whether
In this community years, months or days) 2
2 (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Chadwick Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lucinda J. 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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 3 1848
(Month) (Day) (Year)

8. AGE: Years 91 Months 6 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Green county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ----- Sims

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Iva R Allen

(b) Address Chadwick, Missouri

17. (a) Burial (b) Date thereof 3 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation hall cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 8th (b) Ina Jones
(If observed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1940 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from July 10
1938, to Dec 17, 1940
that I last saw her alive on Dec 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Old Age Infirmities
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Manner of injury _____

23. Signature Dr. J. C. Ellis (M. D. or other) _____

Address Rome, Missouri Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,-

District File Number. 440-1149

Date Filed APR 15 1940

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.