

No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14953**

ED MAY 13 1940

Registration District No. **318**

Primary Registration District No. **5440**

Registrar's No. **315354**

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

1. PLACE OF DEATH: **GREENE**

(a) County \_\_\_\_\_  
(b) City or town **Springfield - Rural** *S. Campbell*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Osark Osteopathic Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Eight days**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days **5 36**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright**  
(c) City or town **Hartsville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Parlee Jones Henderson**

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Foy Ernest Henderson** 6. (c) Age of husband or wife if alive **43** years  
7. Birth date of deceased **September 7th 1895**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
✓ **44** **7** **4** hr. \_\_\_\_\_ min.

9. Birthplace **Grove Spring Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Carrol Jefferson Jones**  
13. Birthplace **Nashville Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Ann Redson**  
15. Birthplace **Marshfield Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Foy Ernest Henderson**  
(b) Address **Hartsville, Missouri**

17. (a) **Burial** (b) Date thereof **April 14, 1940**  
(Burial, cremation, or removal) (City or town) (Month) (Day) (Year)  
(c) Place: burial or cremation **Shaddy Cemetery**

18. (a) Signature of funeral director **Gene E. Holden**  
(b) Address **Hartsville, Mo**

19. (a) **4-17-40** (b) **Chas a George MD**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11th**  
year **1940** hour **11** minute **34** P. M.

21. I hereby certify that I attended the deceased from **April 3 1940**  
\_\_\_\_\_ 19 \_\_\_\_\_ to **April 11** 19 **40**  
that I last saw ~~her~~ **her** alive on **April 11** 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Cardiac De-compensation**

Due to **1st**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: **Removal of a tumor on right ovary, with appendix.**  
**tumor not malignant**  
Underline the cause to which death should be charged statistically.

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? **290**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Thelma J. Yates** (M. D. or D.O.)  
Address **210 E. 2nd St. Springfield, Mo** Date signed \_\_\_\_\_

**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

*Gene E. Galloway*

Licensed Embalmer No.

*3865*

P. O. Address

*Wheatville, Md.*

**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.**

X