

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Jefferson City Mo
(b) City or town Jefferson City Mo
(c) Name of hospital or institution 201 W. Miller 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days Living

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole
(c) City or town Jefferson
(If outside city or town limits, write "RURAL")
(d) Street No. 201 W. Miller
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lula B. Henley 54T

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased July 13 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Nickray Hill (City, town, or county) State Mo (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER
12. Name C. M. Farmer.
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Anna McFarland.
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs R. Smith
(b) Address 201 Miller Jeff. City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40
(Month) (Day) (Year)
(c) Place: burial or cremation Spring garden

18. (a) Signature of funeral director Richard D. Buesch
(b) Address 429 Capitol Ave.
19. (a) 5/13/40 (Date received local registrar) (b) Richard D. Buesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1940 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1/21, 1940, to 5/11/1, 1940;
that I last saw her alive on 5/11/1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus
Due to _____
Due to 59'

Other conditions (Include pregnancy within 3 months of death) Pneumonia, lobar
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. B. Buesch (M. D. or other) MD
Address Jefferson City, Mo Date signed 5/13/40

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 Victor P. Buesscher

Licensed Embalmer No. 3701

P. O. Address Jefferson St

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.