

JAN 21 1941

Registration District No. **274**

Primary Registration District No. **6261**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Lilbourn
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
 (c) City or town Lilbourn 9110 R.F.D
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day November
 year 1940 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from 11-16, 1940, to 11-17, 1940;
 that I last saw her alive on 11-17, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema Rt Chest Duration 1 mo
 Due to Gun shot thru Rt Chest # 9-28-40
and lung
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 172
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Virginia L. Henderson

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased: 10 (Month) 20 (Day) 1922 (Year)

8. AGE: Years 18 Months 0 Days 27 If less than one day _____ hr. _____ min

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Jessie Johnson

13. Birthplace 104 (City, town, or county) _____ (State or foreign country)

14. Maiden name Carrie Reeves

15. Birthplace 104 (City, town, or county) _____ (State or foreign country)

16. (a) Informant Jessie Johnson

(b) Address Lilbourn Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. E. Jones
 (b) Address Lilbourn Mo

19. (a) Jan 10 41 (Date received local registrar) (b) E. E. Jones (Registrar's signature)

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

RECEIVED

District Health Officer No. 2

District File Number 141-107

Date Filed 1/14/41

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.