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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6930

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 116

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2052 N. Prospect (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 Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 2052 N. Prospect (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MARY H. HENDERSON
3. (b) If veteran, name war none
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased May (Month) 11 (Day) 1861 (Year)

8. AGE: Years 79 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Unknown Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business At Home
FATHER
12. Name Herbert Stollenwerk
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Clarence L. Henderson
(b) Address 2052 N. Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Near Creek Cemetery
18. (a) Signature of funeral director [illegible] & Co
(b) Address Springfield Mo
19. (a) 2-10-41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8 year 1941 hour 6:25 minute P M.
21. I hereby certify that I attended the deceased from 2/4 41, 19..., to 2/8 41, 1941; that I last saw her alive on 2/8 41, 19...; and that death occurred on the date and hour stated above.
Immediate cause of death Acute uremia resulting from Chr. Acute Nephritis
Due to Senility
Due to
Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

Duration 7 days

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Real Estate (Specify type of place)
While at work? (e) Means of injury
Signature [illegible] (M. D. or other)
Address Springfield Mo Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Springfield Mo

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, fact should be so stated above.