No. 2
1-10-39
-17-39
X2149

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7666

Registration District No. 805

Primary Registration District No. 43-59 5804

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Nineteen Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Parma 0
(If outside city or town limits write "RURAL")

(d) Street No. ✓
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Dora Henley

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~~ Widow

6. (b) Name of husband or wife Isaac Henley

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Feb (Month) 10 (Day) 1859 (Year)

8. AGE: Years 82 Months 0 Days 11 If less than one day ___ hr. — min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeping (at home

11. Industry or business ✓

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 1 USA (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 1 USA (State or foreign country)

16. (a) Informant Lee Henley
(b) Address Parma Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Parma Cemetery

18. (a) Signature of funeral director Thomas C Knight
(b) Address Parma Mo

19. (a) 3-3-41 (Date received local registrar) (b) Dr. Geo W Husted (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1941 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 1-8-40, 19__, to 2-21-40, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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?
534 (Specify type of place)
While at work? (e) Means of injury 3

23. Signature [signature] (~~M.D.~~ or other) 100
Address Parma Mo Date signed 2-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 341-353
Date Filed 3/11/41

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.