

FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22948

State File No. _____

Registration District No. 871

Primary Registration District No. 4525

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Metz
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution At home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether)
 In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸
 (c) City or town Metz ⁵
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 5 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1941 hour 1 minute 45 A.M.
 21. I hereby certify that I attended the deceased from June 1, 1941 to June 11, 1941
 that I last saw him alive on June 9th 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Arteriosclerosis ^{2 yrs}
 Due to Hypertension ^{7 yrs}
 Other conditions None ⁹⁴
(Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy None
 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? At home (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 856 (Specify type of place)
 (e) Means of injury _____
 23. Signature Dr. J. W. Allison (M. D. or other) ^Q
 Address Metz Mo Date signed 6/14/41

8. (a) PRINT FULL NAME Mary Alice Henshaw

8. (b) If veteran, name war 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Judge Henshaw 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased July 21 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Jackson County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abner Grinstead

13. Birthplace Madison Co Ky
(City, town, or county) (State or foreign country)

14. Maiden name Charity Henshaw

15. Birthplace Union Ky
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Grinstead

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof June 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pinebark Cemetery

18. (a) Signature of funeral director Thos. P. Burdette

(b) Address Nevada Mo.

19. (a) 6-16-41 (b) J. Henshaw
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1172

Date Filed 7-14-41

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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.