

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31765**
Registrar's No. **136**

Registration District No. **408**

Primary Registration District No. **3020**

49
1
3

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

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
530 W Central St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **63 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **530 W Central**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Wade Henley**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Thomas** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 19 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **5** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

MOTHER FATHER { 12. Name **James Wade**
13. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Keychen**
15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eleanor Henley**

(b) Address **530 W Central Carthage Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 23 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **Sept 23, 1941** (b) **E. J. M. Intire, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **19** day **Sept**
year **1941** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 1941** to **Sept 19 1941**
that I last saw him alive on **Sept 19 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **10 da**
Due to **Hypertension & Arteriosclerosis** **10 yr**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **130**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Ray B. Hunter** (M. D. or other) **M.D.**
Address **301 Grand St. Carthage Mo.** Date signed **9-22-41**

D. D. S. (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.....
Emm R. King

Licensed Embalmer No. *391*

P. O. Address.....
Carthage

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.