

No. 2  
1-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36370

FILED NOV 10 1941

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Nazareth 32  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days (Specify whether  
In this community 11 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Everton - R2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Pearl McHenry

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

4. Sex R / 5. Color or race W  
6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec (Month) 1895 (Day) (Year)

8. AGE: Years 65 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Lawrence Co. Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business

MOTHER FATHER { 12. Name Thomas McNeal 18. Birthplace Ohio (City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Gunn 15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nazp record (b) Address

17. (a) Barmond (b) Date thereof 10-12-41 (Month) (Day) (Year)  
(c) Place: burial or cremation St Nazareth

18. (a) Signature of funeral director Barmond - Miller (b) Address Miller MO

19. (a) 10-11-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 30, 1941, to Oct 11, 1941; that I last saw h. er alive on Oct 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute maniacal exhaustion

Due to Agitated unilectroval  
under psychosis

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?

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

Signature F. L. Martine (M. D. or other)  
Address Nevada Date signed Oct 11/41

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

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1835

Date Filed 11-7-41

**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

*G. P. Seaman*

Licensed Embalmer No.

3297

P. O. Address

Miller 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, above space should be left blank.**