V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3536

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 217

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3723 Vista Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Williamson
(c) City or town Herrin
(If outside city or town limits, write "RURAL")
(d) Street No. 708 S. Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena May Henne
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 Married
6. (b) Name of husband or wife George Henne
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov 14 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Williamson County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Hudgens
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Harriet Jones
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mr. George Henne
(b) Address Herrin, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Herrin Illinois
18. (a) Signature of funeral director Albert H. Storme
(b) Address Herrin Illinois
19. (a) 1-29-42 (Date received local registrar) (b) E. H. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1942 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from Jan 28 1941 to Jan 28 1942 that I last saw he alive on Jan 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Pneumonia (acute) — Duration
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? (Specify type of place)
While at work? (e) Nature of injury
23. Signature J. Ron Cauthen (M. D. or other)
Address 622 Pagel Blvd Date signed 1-28 1942

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.