

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6678

State File No. _____

FILED MAR 31 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 112

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULLNAME Henegar, Mona Olive

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

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

6. (b) Name of husband or wife Rex Henegar 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 29 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Neb. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Oliver Cook

15. Birthplace Unknown Neb. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Rex Henegar

(b) Address 520 W. Commercial Spgfld Mo

17. (a) Removal (b) Date thereof Feb 10 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Mo

18. (a) Signature of funeral director Willard B. Carman

(b) Address Balwin Mo

19. (a) 2-10-42 (b) A. M. Hensley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 520 W Commercial
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1942 hour 11:00 am minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 7 1942, to Feb 10 1942
that I last saw her alive on Feb 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
resulting of metastasis
Due to Colonial Carcinoma
probably originating from Ovarian cyst
Due to which was removed 1937.
Other conditions H 90
(Include pregnancy within 3 months of death)

Duration

3 days

PHYSICIAN

Major findings: Carcinomatous nodules
Of operations disseminated on int. mesentery
Of autopsy _____

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) (Means of injury)
23. Signature J. Norton (M. D. or other) W
Address Springfield, Mo. Date signed 2-12-42

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

MOTHER FATHER

1784 (Licensed Embalmer's Statement on Reverse Side)

SEP 21 1942

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, fact should be so stated above.

X