DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17903

Registration District No. 291 | Primary Registration District No. 5413 | Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Landelle Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: [illegible]

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Prairie (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Henson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ethel Henson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 9 (Day) 1860 (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Washington (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name August Barbaud
13. Birthplace Bergance (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Madeline Hays
15. Birthplace Washington County (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature Nellie M. Bliss

(b) Address Lonedell, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof June 3 42 (Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cemetery

18. (a) Signature of funeral director Casey & Lenox

(b) Address St Clair Mo

19. (a) 6/2/42 (Date received local registrar) (b) R. J. King Sr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 26, 1942, to June 1, 1942 that I last saw her alive on July 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Mitral Endocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

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

23. Signature W. E. Ketchell (M. D. or other)

Address St. Clair Mo. Date signed 6/3/42

1120

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19311

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.