

FILED SEP 21 1942

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 248

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

14
1
2

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 34m 10m 23d
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME Edna May Henry

3. (b) If veteran, name war etc

3. (c) Social Security No. 212

4. Sex F 1 race W

5. Color of hair Blk

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Apr 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>3</u>	<u>13</u>	hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name George R. Hayes

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Edna Fowler

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

16. (a) Informant Record

(b) Address _____

17. (a) Edward Bennett (b) Date thereof 8-7-42
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director William Parkers

(b) Address Shelbina Mo.

19. (a) 8-7-42 (b) Josie Mouschloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1942 hour 3-40 minute a M.

21. I hereby certify that I attended the deceased from 8/2/1942 to 8/7/1942 that I last saw him alive on 8/6/1942 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Bacterial Pneumonia

Due to Chronic Endarteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature George H. Reers (M. D. or other) Mo

Address Fulton Mo Date signed 8/7/42

Duration 5 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Harriet E. Stillion*

Licensed Embalmer No. *3957*

P. O. Address. *Shelburne N.H.*

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.