

FILED NOV 6 1942

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 29

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2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Vandalia

(c) Name of hospital or institution: 214 W. Walsh  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 214 W. Walsh  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MARY ELIZABETH HENEGAR

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES W. HENEGAR 6. (c) Age of husband or wife if alive. .... years

7. Birth date of deceased. JAN 18 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>9</u>	<u>6</u>	..... hr. .... min.

9. Birthplace FLORIDA MONROE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name STEVEN SCHOBEE

13. Birthplace FLORIDA MONROE MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES WOOD

15. Birthplace FLORIDA MONROE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madaline Henegar Levick

(b) Address Vandalia Missouri

17. (a) Burial (b) Date thereof 10-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. E. Smith

(b) Address Vandalia Missouri

19. (a) Oct 25 1942 (b) Mollie Fugate  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24  
year 1942 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-22, 1942, to 10-24, 1942, that I last saw her alive on 10-23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH AND BILIARY TRACT  
Due to CARCINOMA

Due to SENILE  
(Include pregnancy within 3 months of death)  
NI

Other conditions SENILE  
Major findings: 466  
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 W. J. P. Dougherty (M. D. or other) NO  
Address VANDALIA MO. Date signed 10-24-42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1073

RECEIVED

District Health Officer No. 10

District File Number 11-42-1971

Date Filed NOV - 5 1942

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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.....

*This body was not embalmed*, Registered Apprentice No.....  
working under my personal supervision.

Signed *Glenn Smith*.....

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.**