9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 267

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5902

State File No. 41513

Registrar's No. 85

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Hayti (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: / (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: 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dunklin
(c) City or town: Hayti, Mo. (If outside city or town limits, write "RURAL") 18
(d) Street No. 2 (If rural, give location) 1
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Zell Henshaw
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F 1
5. Color or race: W
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: Jan (Month) 22 (Day) 1866 (Year)
8. AGE: Years 76 Months 9 Days 26 If less than one day ..... hr. ..... min.
9. Birthplace: Obion Co. (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
MOTHER FATHER
12. Name: Tora Henshaw
13. Birthplace: Obion Co. (City, town, or county) Tenn. (State or foreign country)
14. Maiden name: Cornelia Jarrell
15. Birthplace: (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant: Jay Henshaw
(b) Address: Hayti, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hayti, Mo.
18. (a) Signature of funeral director: Raymond Co.
(b) Address: Hayti, Mo.
19. (a) 11-28-42 (Date received local registrar) (b) Mrs. A. B. Shirley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1942 hour 9:00 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 18, 1942 to Nov. 18, 1942 that I last saw him alive on Nov. 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis
Due to:
Due to:
Other conditions: Hypertension, Cerebrovascular Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: —

Duration

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? —
While at work? (Specify type of place) (e) Means of injury: —
23. Signature: [illegible] (M. D. or other)
Address: Hayti, Mo. Date signed

1327 (Licensed Embalmer's Statement on Reverse Side)

1-5-43

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.....

Was Not Embalmed 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 compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

7. S. No. 2B
0M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41513

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 85

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

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Hayti
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Zell Henshaw
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased: Jan (Month) 22 (Day) 1866 (Year)
8. AGE: Years 76 Months 9 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 18 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	
Due to: Hypertension	
Due to: arteriosclerosis	
chronic nephritis	
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) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY