

11025

State File No. ....

Registrar's No. 19

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FD APR 9 1943  
Registration District No. 267

Primary Registration District No. 3049 - 3049

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

1. PLACE OF DEATH

(a) County Remissott

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs. (Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County REMISSOTT 78

(c) City or town Hayti 1  
(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: 0

3. (a) PRINT FULL NAME Mattie Jane Henning

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 Married

6. (b) Name of husband or wife F.L. HENNING 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 30 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 9 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Harrie Murphy

13. Birthplace D.K. 9  
(City, town, or county) (State or foreign country)

14. Maiden name D.K.

15. Birthplace D.K. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant F.L. HENNING

(b) Address Hayti, Mo.

17. (a) Burial (b) Date thereof 3-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Mo.

18. (a) Signature of funeral director Warren Ray

(b) Address Hayti, Mo.

19. (a) Mar. 31 - 43 (b) George Thacker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28<sup>th</sup>  
year 1943 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 1942 to March 28, 1943  
that I last saw her alive on March 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis myocardial insufficiency

Due to: .....

Due to: .....

Other conditions: chronic cholecystitis  
(Include pregnancy within 3 months of death)

Major findings: 93d

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 Warren Ray (M. D. or other) 93d

Address Hayti, Missouri Date signed 3-29-43

1327

3-43-179

**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 Jack Kelley  
Licensed Embalmer No. 3788  
P. O. Address Hayk. 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, fact should be so stated above.