S. No. 2
—9-4-41
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21342

Registration District No. 128 Primary Registration District No. 5466 Registrar's No. 447

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 8 Hrs. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County Webster

(c) City or town Seymour Rural
(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 DUREN HENNIGH.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 1 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr. min.

9. Birthplace ~~Webster Co.~~ Springfield Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Lemuel Hennigh

13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

14. Maiden name Family Hunt

15. Birthplace Unknown (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Josephine Stringer

(b) Address Willow Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 43 (Month) (Day) (Year)

(c) Place: burial or cremation Fordland Mo.

18. (a) Signature of funeral director Kelley-Ferrell

(b) Address Fordland Mo

19. (a) 6-2-43 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1943, to June 1, 1943 that I last saw h. alive on, 19. and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis

Due to (premature one month)

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Blair (M. D. or other) D.O.

Address Fordland, Mo. Date signed 6/2/43

9 GM (Licensed Embalmer's Statement on Reverse Side)

747

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 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 comply with the above constitutes grounds for revocation of license.)

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