

FILED APR 7 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11107

State File No.

Registrar's No. 24

Registration District No. 137

Primary Registration District No. 4274

1. PLACE OF DEATH:

(a) County Holt County

(b) City or town Forest City
(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 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Holt

(c) City or town Forest City
(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 ALICE GRACE HENEISE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY 9TH day
year 1944 hour 5:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from OCT. 1943 to MAY 9 1944;
that I last saw her alive on MAY 8 1944;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased Nov 19 1894
(Month) (Day) (Year)

Immediate cause of death DIABETES MELLITUS

Due to CORONARY ATROVASCULOSIS

Due to _____

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

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

60 3 20 _____ hr. _____ min.

9. Birthplace Clearmont MO _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles W. Lent

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

14. Maiden name Mary E. Cunningham

15. Birthplace Severnworth Kansas
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mae Lent

(b) Address Mount City MO

17. (a) Forest City (b) Date thereof M 12 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest City

18. (a) Signature of funeral director J. Fred Lehmann

(b) Address Swansea MO

19. (a) 3-17-44 (b) Pauline Jawer
(Date received local registrar) (Registrar's signature)

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 E. Howard Colbin (M. D. or other) AA

Address Forest City, MO Date signed Feb 9, 44

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

MOTHER FATHER

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

Fred Terhune

Licensed Embalmer No. 1279

P. O. Address

Savannah

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.